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County Council of Salop

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

1951

WILLIAM TAYLOR, M.D., D.P.H.

COUNTY HEALTH OFFICE,
COLLEGE HILL,
SHREWSBURY.

October, 1952



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TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE

SIR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for 1951.

This report is not in all respects comprehensive, but an effort has been made to give statistical and other information concerning the various services for which the Health Committee of the County Council are responsible, either directly or indirectly, and in that way to give some indication of the nature of the work which is undertaken to promote the health and wellbeing of the inhabitants of the County.

It is a matter for regret that there was an increase of 26 in the number of deaths of infants under the age of one year, with an infant mortality rate of 30.4 per thousand live births for 1951, as compared with a figure of 24.4 for the previous year. The figure for 1950 is the lowest which has ever been recorded in this County, and it is perhaps too much to expect that progress in such matters will be continuous and uninterrupted from year to year. Reference to the statistical information given in the report will show that the increase in the number of infant deaths is largely accounted for by congenital malformations and defects, accidents in the home and diseases of the respiratory system.

There were 502 deaths from cancer in this County during 1951, an increase of 21 as compared with the previous year, but in the absence of a specific cure for this disease, there is not a great deal which can be done by Local Health Authorities. Cancer is a national rather than a local problem, but the attitude to it of the public in this country is one of apathy rather than concern. The statistics, however, are disturbing, and there is evidence to show that cancer of the lung, which is on the increase, now accounts for as many deaths as pulmonary tuberculosis.

The County Council Scheme for the Care and After-Care of Tuberculous Patients was completely reorganised during 1951, and the Tuberculosis Register was likewise revised and brought up to date. The names of many patients who were considered to be no longer in need of after-care have been removed from the register, and steps have been taken to ensure that the records will continue to be representative of the position in the County. It should thus be possible for the Health Visitors to exercise closer domiciliary supervision over those tuberculous patients whose names remain on the register and are, therefore, liable to spread infection to those with whom they come into contact. Despite the advances which have been made in recent years in the treatment of patients suffering from tuberculosis, in one or other of its various forms, the fight against this disease will be won in the homes of the people rather than in hospitals and sanatoria.

The work involved in the preparation of this report has been very considerable, and I have been greatly assisted in it by Mr. A. R. Brawn, Senior Clerk in the County Health Department. I wish, therefore, to express my indebtedness to him.

I am, Sir, Ladies and Gentlemen,

Your obedient Servant,

WILLIAM TAYLOR,

COUNTY MEDICAL OFFICER OF HEALTH.

COUNTY HEALTH OFFICE,
COLLEGE HILL, SHREWSBURY
October, 1952.

HEALTH COMMITTEE, 1951

CHAIRMAN:

ALDERMAN T. O. STEVENTON

VICE-CHAIRMAN:

ALDERMAN THE REV. R. A. GILES, M.A., B.Litt. (Oxon.)*

ALDERMEN:

BLACK, CAPTAIN R.A., J.P., D.L.

BOYNE, THE VISCOUNTESS, C.B.E., J.P.

BURY, MAJOR L. E., C.B.E., J.P.

(Deceased February, 1952)

HEYWOOD-LONSDALE, LT.-COL. A., M.C., J.P., D.L.

HOUGH, B.

JONES, T., J.P.

TRANTER, E., J.P.

WAKEMAN, CAPTAIN SIR OFFLEY, Baronet, J.P., D.L.

(Chairman of Council)

WARD, T. C.

(Vice-Chairman of Council)

COUNCILLORS:

BOWEN, R. A., J.P.

CAMBRIDGE, R. O.

CROFT, E. H.

EDWARDS, F. G., J.P.

FORESTER, THE LORD

HAMAR, DR. L. A.

JONES, A. H., J.P.

LANE, CAPTAIN W. G., T.D.

MORGAN, J. C.

PICKERING, J.

POWELL, T. P.

STEPHENS, MRS. I. E.

STONE, J. T.

THOMAS, E. B., J.P.

WARD, A. W.

WORRALL, J. N.

CO-OPTED MEMBERS:

COCK, MRS. E. M., J.P.

CHOLMONDLEY, MRS. V. M., J.P.

IRELAND, DR. J. A.

URWICK, DR. R. H.

WESTON, F., J.P.

*The Rev. R. A. Giles was appointed Chairman of the Health Committee on the resignation of Alderman T. O. Steventon on 21st June, 1952.

MEDICAL, DENTAL AND ANCILLARY STAFFS

County Medical Officer of Health and School Medical Officer:

WILLIAM TAYLOR, M.D., D.P.H.

Deputy County Medical Officer of Health and Deputy School Medical Officer:

WILLIAM HALL, M.B., M.R.C.S., D.Obs., R.C.O.G., D.P.H.

Assistant Medical Officers of Health:

KATHLEEN PRIESTLEY, L.M.S.S.A.

MABEL N. JUDD, M.B., Ch.B.

CATHERINE B. MCARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

KATHLEEN M. BALL, M.B., B.Ch., B.A.O. Dub., D.P.H.

ELIZABETH CAPPER, M.B., Ch.B., D.P.H.

RICHARD M. C. TYNER, B.A., M.B., Ch.B., B.A.O., D.P.H. (resigned 7th February, 1951).

*ROBERT K. HAY, M.D., B.Ch., B.A.O., D.P.H.

EDWARD E. R. HOPKIN-JAMES, M.A., M.R.C.S.Eng., L.R.C.P.Lond. (temporary appointment—non-effective from 7th May, 1951).

GERALD N. MONAGHAN, L.R.C.P.I., L.R.C.S.I., L.M. (appointed 1st September, 1951; non-effective from 8th December, 1951).

MARY E. WALTERS, M.R.C.S., L.R.C.P., B.Sc. (appointed 12th March, 1951; resigned 31st August, 1951).

AGNES D. BARKER, M.B., Ch.B. (appointed 1st May, 1951).

Senior Dental Officer:

GERALD R. CATCHPOLE, L.D.S., R.C.S.Eng.

Assistant Dental Officers:

STEPHEN KEENAN, L.D.S. (resigned 17th December, 1951).

BERNARD SCHARF (part-time).

GEORGE B. WESTWATER, L.D.S., R.C.S.

MARGARET I. JOHNSTON, L.D.S. (appointed 3rd April, 1951).

County Sanitary Inspector:

HAROLD MALLINSON, Cert. R.S.I.

County Ambulance Officer:

WALTER WALKER.

Superintendent Nursing Officer and Inspector of Midwives:

MISS DOROTHY STANSFELD, S.R.N., S.C.M., H.V. (resigned 10th February, 1952).

Assistant Superintendent Nursing Officers:

MISS RITA M. HUGHES, S.R.N., S.C.M., H.V.

MISS MARGARET F. GIBSON, S.R.N., S.C.M., H.V.

‡MISS EVELYN R. ENTWISTLE, S.R.N., S.C.M., H.V. (appointed 9th July, 1951).

*Appointed Temporary (part-time) Medical Officer of Health for the Borough of Shrewsbury, 12th November, 1951.

‡Appointed Deputy Superintendent Nursing Officer 1st July, 1952.

Psychiatrist (Part-time):

CHARLES L. C. BURNS, M.R.C.S., L.R.C.P., D.P.M.

Psychiatric Social Workers:

ANNETTE LEES (resigned 31st August, 1951).

KATHLEEN CARPENTER (part-time, appointed 28th August, 1951).

Speech Therapist:

AALISH MARY GAWNE, L.C.S.T.

Principal Duly Authorised Officer:

ERNEST A. R. WARD.

Duly Authorised Officer:

CHARLES T. FRANCIS.

NURSING STAFF EMPLOYED BY THE COUNTY COUNCIL

The following are particulars of the Nursing Staff in the employment of the County Council:—

	31st December			
	1948	1949	1950	1951
Superintendent Nursing Officer	1	1	1	1
Assistant Superintendent Nursing Officers	3	2	2	3
Health Visitors and School Nurses ..	25	27	29	27
Home Nurse-Midwives	83	74	77	77
Home Nurses	9	8	8	7
Midwives	6	6	5	5
Relief Nurses—whole-time	4	7	4	5
part-time	9	3	—	1

ANNUAL REPORT FOR 1951

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres) of Administrative County										..	..	..	..	..	..	..	..	861,800
Population (Census 1951)										..	..	..	..	..	..	..	..	289,844
										1950				1951				
Estimated Population Mid-Year	}	{ Whole County—for Birth and Death Rates					..	..	..	..	..	288,710	293,500					
		{ Urban Districts „ „ „ „ „					..	..	..	..	..	140,447	140,500					
		{ Rural Districts „ „ „ „ „					..	..	..	..	..	148,263	153,000					
Rateable Value (as at 1st April)										..	..	..	..	..	..	..	£1,400,071	£1,419,259
Estimated Product of a penny rate (as at 1st April)										..	..	..	..	..	..	..	£5,594	£5,654

Extracts from Vital Statistics of the Registrar-General:

[illegible]

VITAL STATISTICS

Population.—The mid-year estimated population of the County in 1951 was 293,500 (inclusive of members of the Armed Forces serving within the County) ; this figure is used for the calculation of birth-rates and death-rates.

Marriages.—The number of marriages in 1951 was 2,286—an increase of 106 as compared with the previous year.

Births.—The number of live births in 1951 was 4,603—a decrease of 66 as compared with the previous year.

The birth-rate per thousand of the population was 15.68—a decrease of 0.49 as compared with 1950.

The birth-rate for England and Wales in 1951 was 15.5 per thousand of the population.

Deaths.—There were 3,719 deaths in the County in 1951—an increase of 500 as compared with the previous year.

The death-rate per thousand of the population was 12.67—an increase of 1.52 as compared with 1950.

The death-rate for England and Wales in 1951 was 12.5 per thousand of the population.

Principal Causes of Death:

							1950	1951
Bronchitis	..	..	..	..	..	..	139	203
Cancer	..	..	..	..	..	..	481	502
Heart Disease	..	..	..	..	..	..	1,114	1,276
Other Circulatory Diseases	..	..	..	..	..	..	152	148
Influenza	..	..	..	..	..	..	51	183
Nephritis and Nephrosis	..	..	..	..	..	..	41	39
Pneumonia	..	..	..	..	..	..	80	125
Tuberculosis—Respiratory	..	..	..	..	..	..	66	53
„ Other forms	..	..	..	..	..	..	10	10
Vascular lesions of nervous system	..	..	..	..	..	..	425	513

Cancer.—In 1951 the number of deaths from Cancer was 502—an increase of 21 as compared with the previous year.

The death-rate per thousand of the population was 1.710—an increase of 0.044 as compared with the previous year.

Deaths from Cancer during 1950 and 1951

Age Group		1950			1951		
		Males	Females	Total	Males	Females	Total
Under 15 years	..	2	3	5	1	—	1
15 to 45	..	9	11	20	16	33	49
45 to 65	..	79	86	165	77	93	170
Over 65	..	140	151	291	158	124	282
TOTAL	..	230	251	481	252	250	502

Infant Mortality.—In 1951 the number of children who died before reaching the age of twelve months was 140—an increase of 26 as compared with the previous year.

The infant mortality rate, expressed as a rate per thousand live births, was 30.41 in 1951; this is an increase of 6.02 over that for 1950, the lowest which has been recorded in this County.

The corresponding rate for England and Wales in 1951 was 29.6 per thousand live births.

Below, in tabular form, are particulars of the causes of death in respect of those infants who died in 1950 and 1951 before attaining the age of one year.

Infant Deaths during 1950 and 1951—Causes

Cause	1950			1951			Increase or decrease
	Males	Females	Total	Males	Females	Total	
Congenital malformations	6	6	12	12	10	22	+ 10
Accidents, other than motor vehicle ..	1	1	2	6	2	8	+ 6
Pneumonia	3	8	11	10	7	17	+ 6
Influenza	—	—	—	3	1	4	+ 4
Bronchitis	1	1	2	3	1	4	+ 2
Other respiratory diseases	—	—	—	—	2	2	+ 2
Meningococcal infections	1	—	1	1	2	3	+ 2
Tuberculosis—non-respiratory	—	—	—	1	—	1	+ 1
Whooping cough	—	—	—	—	1	1	+ 1
Leukaemia	—	—	—	1	—	1	+ 1
Nephritis and nephrosis	—	—	—	1	—	1	+ 1
Other defined and ill-defined diseases ..	48	26	74	52	22	74	0
Syphilitic disease	—	1	1	—	—	—	— 1
Acute poliomyelitis	1	—	1	—	—	—	— 1
Other infective and parastic diseases ..	—	1	1	—	—	—	— 1
Cancer	—	1	1	—	—	—	— 1
Vascular lesions of the nervous system	1	—	1	—	—	—	— 1
Gastritis, enteritis and diarrhoea ..	4	3	7	2	—	2	— 5
TOTAL ..	66	48	114	92	48	140	+ 26

The importance of care in the early weeks and months of life is emphasized by the particulars given in the following table, which show that, of the 140 children in this County whose deaths were recorded before reaching one year of age, 86 or 61.4 per cent. died in the first month of life.

Infant Deaths during 1950 and 1951—Age Groups

Age Group	1950		1951	
	Deaths	Percentage	Deaths	Percentage
Under 1 day	40	35.1	32	22.8
1 day—1 week	28	24.5	36	25.7
1 week—1 month	10	8.8	18	12.9
1 month—3 months	17	14.9	30	21.4
3 months—6 months	8	7.0	12	8.6
6 months—9 months	6	5.3	8	5.7
9 months—12 months	5	4.4	4	2.9
TOTAL ..	114	100	140	100

The following table summarises the position, with regard to the various matters so far referred to, in each of the years from 1935 to 1951:—

Year	Births		Deaths		Natural increase in Population	• Infant Mortality rate per 1,000 live births	Death rates from Cancer per 1,000 of Population
	Total	Rate per 1,000 Population	Total	Rate per 1,000 Population			
1935	3,610	14.92	3,016	12.47	594	46	1.736
1936	3,648	15.08	3,186	13.17	462	46	1.695
1937	3,779	15.69	3,236	13.44	543	51	1.852
1938	3,690	15.28	3,070	12.72	620	47	1.901
1939	3,800	15.52	3,226	12.93	574	48	1.767
1940	4,102	15.95	3,654	14.21	448	48	1.761
1941	4,489	16.26	3,426	12.37	1,063	44	1.726
1942	4,840	18.00	2,973	11.05	1,867	45	1.680
1943	4,915	18.80	3,186	12.24	1,729	36	1.893
1944	5,203	20.02	2,969	11.4	2,234	34	1.751
1945	4,621	18.01	3,056	11.9	1,565	38.95	1.711
1946	5,090	19.42	3,177	12.1	1,913	43.03	1.768
1947	5,538	20.92	3,251	12.8	2,287	39.73	1.786
1948	5,156	18.92	3,219	10.77	1,937	35.49	1.729
1949	4,945	18.15	3,294	12.09	1,651	29.52	1.898
1950	4,669	16.17	3,219	11.15	1,450	24.39	1.666
1951	4,603	15.68	3,719	12.67	884	30.41	1.710

INFECTIOUS DISEASES

The statistical table on page 11 summarises the notifications of infectious diseases which were received during the year 1951.

Acute Poliomyelitis.—The number of cases of Acute Poliomyelitis (infantile paralysis) occurring in this County showed a marked decrease, only 13 cases being notified in 1951, as compared with 62 in the previous year.

The following table shows the yearly incidence of, and deaths from, this disease during the 14 years up to and inclusive of 1951:—

Notifications of, and Deaths from, Acute Poliomyelitis from 1938 to 1951

	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Notifications	8	15	4	4	1	5	10	13	5	32	13	10	62	13
Deaths	1	2	2	2	—	—	1	1	—	2	2	1	11	1

Food Poisoning.—Section 17 of the Food and Drugs Act, 1938, requires Medical Practitioners to notify District Medical Officers of Health of cases of food poisoning occurring within their practices, but not until January, 1949, was this condition included in the list of infectious diseases which are required to be notified in the weekly returns submitted by District Medical Officers to the Registrar General.

During 1951 the number of cases of food poisoning notified was 11, and these, being isolated cases, did not give cause for any special investigation or report.

Dysentery.—The number of cases of Dysentery notified during 1951 was 228, compared with 273 cases during the previous year. Although this represents a fall of 45 in the number of notifications, there has been a disturbing increase in the prevalence of this disease since 1949, which is probably only partially accounted for by the greater use which is made of the Public Health Laboratory Service by the general medical practitioners for diagnostic purposes.

Return of Cases of Notifiable Infectious Diseases during the year 1951

SANITARY DISTRICTS	Population (Estimated Mid-1951) 293,500	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Acute Pneumonia	Cerebro-Spinal Fever	Acute Poliomyelitis	Acute Polioencephalitis	Acute Encephalitis Lethargica	Dysentery	Ophthalmia Neonatorum	Puerperal Pyrexia	Small Pox	Enteric Fever (Typhoid and Paratyphoid)	Erysipelas	Chicken Pox	Food Poisoning	Undulant Fever	Infective Hepatitis	Weill's Disease
RURAL ..	153,000	80	732	—	1821	118	4	7	—	1	81	—	7	—	—	6	—	4	3	2	1
URBAN ..	140,500	75	576	—	1908	87	5	6	—	1	147	6	26	—	2	17	—	7	2	—	—
Total for 1951 ..	..	155	1308	—	3729	205	9	13	—	2	228	6	33	—	2	23	—	11	5	2	1
Total for 1950 ..	..	382	465	2	1866	129	1	61	1	3	273	19	17	—	1	33	10	19	2	4	—
Increase or			+843		+1863	+76	+8						+16	0	+1				+3		+1
Decrease	..	—227		—2				—48	—1	—1	—45	—13				—10	—10	—8		—2	

VENEREAL DISEASES

The Venereal Diseases Clinics at Shrewsbury and Oswestry, formerly the responsibility of the County Council, but now included in the Hospital and Specialist Services, were transferred on 5th July, 1948, to the Birmingham Regional Hospital Board, and are administered by the Shrewsbury Group Hospital Management Committee (Group No. 15).

The particulars which are set out in the table below of the attendance of Shropshire cases at the Shrewsbury and Oswestry Clinics during 1950 and 1951 have been made available by Dr. J. P. G. Rogerson, Medical Officer in charge.

Particulars are also given of the attendance during 1950 and 1951 of Shropshire cases at other clinics outside this County.

Shropshire Cases treated at the Venereal Diseases Clinics during 1950 and 1951

	New Cases						All Cases						Attendances					
	Male		Female		Total		Male		Female		Total		Male		Female		Total	
	1950	1951	1950	1951	1950	1951	1950	1951	1950	1951	1950	1951	1950	1951	1950	1951	1950	1951
SHREWSBURY CLINIC																		
Syphilis	25	12	15	6	40	18	122	103	88	81	210	184	1070	1056	991	605	2061	1661
Gonorrhoea	19	9	2	2	21	11	47	34	6	4	53	38	176	65	13	7	189	72
Other Conditions ..	140	111	40	36	180	147	171	140	57	53	228	193	474	393	93	96	567	489
TOTAL ..	184	132	57	44	241	176	340	277	151	138	491	415	1720	1514	1097	708	2817	2222
Increase or Decrease ..		—52		—13		—65		—63		—13		—76		—206		—389		—595
OSWESTRY CLINIC																		
Syphilis	2	—	3	2	5	2	9	11	13	16	22	27	47	46	148	134	195	180
Gonorrhoea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Conditions ..	5	6	4	6	9	12	9	10	6	8	15	18	20	26	9	14	29	40
TOTAL ..	7	6	7	8	14	14	18	21	19	24	37	45	67	72	157	148	224	220
Increase or Decrease ..		—1		+1		0		+3		+5		+8		+5		—9		—4

New Cases from Shropshire treated at Out-County Clinics during 1950 and 1951

Clinic	Syphilis		Gonorrhoea		Other Conditions		Total	
	1950	1951	1950	1951	1950	1951	1950	1951
Liverpool ..	—	—	1	—	4	—	5	—
Stafford ..	1	—	—	—	2	—	3	—
Stoke-on-Trent ..	—	1	—	1	3	—	3	2
Wolverhampton	8	—	8	1	20	16	36	17
Wrexham ..	—	2	—	1	3	1	3	4
TOTAL ..	9	3	9	3	32	17	50	23

National Health Service Act, 1946—Section 22

CARE OF MOTHERS AND YOUNG CHILDREN

Under Section 22 of the National Health Service Act, 1946, it is the duty of the County Council, as Local Health Authority, to make arrangements for the care, including the dental care, of expectant and nursing mothers, and of children who have not attained the age of five years and are not in attendance at school.

Notification of Births.—Particulars are given in the following table of the notifications of births, in the County as a whole, which were received during 1951, with corresponding figures for the preceding three years:—

Notifications of Births for the years 1948 to 1951

Year	Live Births	Stillbirths	Total
1948	5,108	114	5,222
1949	4,947	107	5,054
1950	4,734	102	4,846
1951	4,602	122	4,724

Premature Births.—For statistical and other purposes infants not exceeding 5½ lb. in weight at birth are regarded as “premature,” irrespective of the period of gestation. The following table indicates the survival rate of premature infants born in 1951, whose mothers were normally resident in this County, together with corresponding figures for the preceding three years:—

Premature Infants born during the years 1948 to 1951

Year	BORN				DIED			Alive after 28 days	Survival Rate
	At Home	In Hospital	In Nursing Home	Total	Within 24 hours	Between 2nd and 7th day	Between 8th and 28th day		
1948	102	201	19	322	25	31	9	257	79.8%
1949	111	209	18	338	36	19	1	282	83.1%
1950	114	200	16	330	31	16	3	280	84.8%
1951	91	197	9	297	17	24	6	250	82.2%

Stillbirths and Abortions.—Following consideration by the World Health Organisation of the question of prematurity and foetal deaths, the Ministry of Health asked Local Health Authorities to supply, for purposes of comparison with the weights of live premature infants, detailed information with regard to premature births, stillbirths, and abortions which take place between the eighteenth and twenty-eighth week of gestation.

During 1951, therefore, medical practitioners, domiciliary midwives and midwives practising in private nursing homes in this County were asked to provide appropriate information with regard to such cases, and the particulars in this way obtained are summarised in the following tables:—

Stillbirths and Abortions during 1951

	Stillbirths		Abortions of 18 to 28 weeks gestation
	5½ lb. or less	Over 5½ lb.	
At home	15	27	15
In Private Nursing Homes ..	2	11	—
TOTAL ..	17	38	15

Birth and Foetal Weights

Weight (lb. ozs.)	Still- births	Abor- tions	Premature Infants Born Alive							
			At Home				In Private Nursing Homes			
			Total	Trans- ferred to Hospital	Died within 28 days	Alive after 28 days	Total	Trans- ferred to Hospital	Died within 28 days	Alive after 28 days
2 lb. 3 ozs. or less ..	3	9	3	3	3	—	—	—	—	—
Over 2 lb. 3 ozs. and up to 3 lb. 4 ozs. ..	2	3	4	3	1	3	—	—	—	—
Over 3 lb. 4 ozs. and up to 4 lb. 6 ozs. ..	7	1	22	5	9	13	2†	—	—	2†
Over 4 lb. 6 ozs. and up to 4 lb. 15 ozs. . .	1	—	6	3	—	6	1	—	—	1
Over 4 lb. 15 ozs. and up to 5 lb. 8 ozs. . .	4	—	56	5	6	50	6	—	—	6
TOTAL ..	17	13*	91	19	19	72	9	—	—	9

*Excludes 2 abortions in which the foetus was not weighed.

†Includes one premature infant who, by order of the specialist in attendance, was not weighed until the fourth day, when the weight was 3 lb. 5 ozs.

Virus Infections during Pregnancy.—As there is evidence that children whose mothers have suffered from certain infectious diseases during the course of pregnancy are more prone than other children to the development of congenital defects, the Ministry of Health, during 1951, asked Medical Officers of Health of all Local Health Authorities to participate in an enquiry in order to determine to what extent this is in fact the case. The diseases with which the enquiry is concerned are Rubella, Measles, Mumps, Chicken Pox and Poliomyelitis.

It is the intention of the Ministry that, during the course of this enquiry, all expectant mothers shall, as far as possible, be brought within its scope, and it is expected that by the end of 1952 the number of cases under observation will be sufficient for the purpose for which it has been undertaken ; but as each case has to be followed up for a period of two years after birth, the enquiry will not be completed until 1954.

Method.—As it is necessary for the purposes of any enquiry of this nature to have full particulars not only of the actual cases of the type under investigation, but also of other cases who do not come into that category, and who will, therefore, serve as “Controls,” the women with whom this enquiry is concerned are divided into two groups:—

- (1) women who suffer from one of these infectious diseases during pregnancy, and
- (2) women who are not so affected during that period.

For the purposes of this enquiry, the first of these groups is made up of all those expectant mothers attended by a doctor or midwife, or confined in hospital, who, at some time during the course of pregnancy, suffer from one of the infectious diseases referred to above. These are known as “Virus Infection Cases.”

The second of these groups is made up of expectant mothers who, during the whole course of the pregnancy, do not suffer from any of these infectious diseases; and as most women go through pregnancy without any complicating infection, this group would be unreasonably large if all such women were included in it. It was decided, therefore, to include in this group only women born on the 31st day of any month and, as there are only seven such days in the year, the size of this group has, in that way, been kept within reasonable dimensions. The women so selected for inclusion in this group are known as “Controls.”

Recording and Registration of Cases.—In each case, whether belonging to the Virus Infection Group or Control Group, a Registration Card, giving brief personal particulars, is completed and forwarded to the Ministry of Health.

A Record Card is also maintained in respect of each case throughout the pregnancy, in which all appropriate information concerning the case is given up to the time of delivery.

Particulars are given in the following table of the pregnancies registered during 1951 for the purposes of the Virus Infection Enquiry.

Pregnancies Registered for Virus Infection Enquiry during 1951

	Virus Infection Cases						Control Cases
	Rubella	Measles	Chicken Pox	Mumps	Polio myelitis	Total	
England, Wales and Scotland ..	176	87	186	314	25	788	3,693
Shropshire	2	1	3	10	—	16	11

Of the 16 Virus Infectious Cases registered from this County, one child was stillborn and one died 11 weeks after birth ; and in the 11 Control Cases one child died two weeks after birth. In none of these cases was any congenital defect observed.

Ophthalmia Neonatorum.—The following are the numbers of cases of Ophthalmia Neonatorum which have been notified in the past 4 years—all of whom recovered apparently without injury to the eyesight:—

1948	..	14 cases	1950	..	18 cases
1949	..	18 cases	1951	..	7 cases

Birth Control Clinic.—Following the closure of the Clinic conducted in Shrewsbury by the Family Planning Association, arrangements were made by the County Council for a Birth Control Clinic to be held at the Child Welfare Centre, Murivance, Shrewsbury, on the second and fourth Wednesday in each month from 2 to 4 p.m., commencing on 13th June, 1951.

In accordance with instructions issued by the Ministry of Health, advice is given only to married women in whom pregnancy would be detrimental to health. No charge is made for consultation, but patients are expected to pay for any medical supplies which are prescribed.

This Clinic has been attended at alternate sessions by Dr. Burnett and Dr. Camber, but the latter has been obliged to give up this work and has been replaced by Dr. Mary Rose.

Below, in tabular form, are particulars of the attendances at the Clinic during the period 13th June to 31st December, 1951:—

Sessions	Patients		Medical Supplies Prescribed		
	New	Attendances	Patients	Free Issues	Cost Recovered £ s. d.
13	56	60	47	4	13 8 2

Child Welfare Centres.—When proposals for the various services to be provided under the National Health Service Act were formulated by the County Council in November, 1947, it was considered that a period of five years would be required to develop fully the Child Welfare clinic services, and it was anticipated that, within that period, four new clinics would be provided—at Shifnal, Cleobury Mortimer, Much Wenlock and either Minsterley or Pontesbury.

The need for national economy and the consequent restriction of expenditure in capital building has, however, so far prevented the implementing of these proposals, and as many of the nineteen existing Welfare Centres in the County are in need either of replacement or structural improvement, priority has been given to the replacement of existing premises rather than to the provision of new Welfare Centres elsewhere. Proposals have, therefore, been approved by the County Council for the replacement of Welfare Centres at Newport, Dawley, Ellesmere, Ironbridge and Broseley, and by the end of 1951, a start had been made with the erection of the new Centre at Newport.

Consequent upon the development of industry and the increasing population in the Madeley area, the need for a Welfare Centre to be established there has been recognised and the necessary provision made in the capital building programme.

The table on page 17 gives particulars of the attendances at Welfare Centres throughout the County of expectant mothers and children under 5 years of age during 1951, with comparative figures for 1949 and 1950.

Care of Illegitimate Children and Unmarried Mothers

Towards the end of 1943, Circular No. 2866 was issued by the Ministry of Health, in which attention was drawn to the various problems affecting illegitimate children and unmarried mothers which had arisen under war conditions; and in this Circular the Ministry recommended co-operation with, and reinforcement of the work of, existing voluntary Moral Welfare Associations. In outlining the special duties to be carried out, the Ministry suggested that the appointment of a special worker with one of the social service qualifications might be necessary; and another recommendation was that, where homes could not be found with relatives or foster parents, special hostels might be set up either by a voluntary body or by the Welfare Authority themselves.

As the Diocesan Moral Welfare Associations of Lichfield and Hereford had been engaged in this work for a number of years, and as their Moral Welfare Workers in this County had had considerable experience in the various problems associated with illegitimacy (e.g., the obtaining of affiliation orders, arrangements for the accommodation of children in homes or institutions and assistance where adoption is desirable), the Public Health Committee decided to utilise their services in carrying out the duties set out in the Ministry's Circular, and to make an annual grant of £500 to these Associations. The larger proportion of the population of the County being in the Lichfield Diocese, the two Associations mutually agreed that £275 should be Lichfield's share and £225 Hereford's share of the total annual grant.

In November, 1945, however, it was found that an additional Welfare Worker was needed in the Shropshire part of the Lichfield Diocese, and a grant of a further £100 per annum was made to this Association from 1st April, 1946, followed in April, 1948, by an additional grant of £70 per annum to cover increased expenditure arising out of car maintenance and the provision of new office accommodation. The total annual grant made to the two Associations during the financial years 1948/49 and 1949/50 was, therefore, £670, of which £445 went to Lichfield and £225 to Hereford.

Since the resignation in March, 1950, of one of the two Moral Welfare Workers employed by the Lichfield Association, the supervisory work in connection with the Council's scheme in the Shropshire part of that Diocese has been undertaken by the remaining Worker, with clerical assistance provided by the Association. It should be noted, therefore, that for that reason, in spite of the large number of cases requiring supervision in this area, the Association has not considered it necessary to appoint a second Moral Welfare Worker.

In October, 1950, an additional Welfare Worker was appointed by the Hereford Association for duties in the Shropshire part of the Diocese, and this fact, coupled with a general increase in the cost of the administrative work of the Association, has led to the County Council grant to the Association being increased to £300 per annum from 1st April, 1951.

The total annual grants which the County Council at present make to the Lichfield and Hereford Diocesan Associations, in respect of their work in connection with the care of illegitimate children and unmarried mothers, are £445 and £300, respectively.

The County Council have two representatives on the Councils of each of these Associations.

Under the County Council scheme, Health Visitors, District Nurses, Hospitals and Institutions notify the County Medical Officer of confinements (actual and impending) of unmarried mothers of which they become aware in the course of their work, and this information is then forwarded to the appropriate Moral Welfare Worker, who pays an initial visit as soon as practicable, and then visits each case when necessary, but not less frequently than once during each quarter.

Particulars are given in the following table of the numbers of unmarried expectant mothers visited by the Moral Welfare Workers during 1949, 1950 and 1951, and of the visits made by them in connection with the general supervision of unmarried mothers and illegitimate children:—

Supervisory Work undertaken by the Moral Welfare Workers during 1949 to 1951

		1949	1950	1951
Unmarried expectant mothers visited ..		97	79	92
Visits made to Mothers and Children ..		2,843	2,372	2,165

Particulars of the illegitimate children supervised during 1949, 1950 and 1951, and of the position at the end of each year are as follows:—

Children Supervised during 1949, 1950 and 1951

	Total			Lichfield			Hereford		
	1949	1950	1951	1949	1950	1951	1949	1950	1951
On Register on 1st January ..	497	577	495	321	373	342	176	204	153
Added to Register ..	215	218	197	149	162	138	66	56	59
Removed from Register ..	135	300	189	97	193	122	38	107	67
On Register on 31st December ..	577	495	503	373	342	358	204	153	145

Accommodation for Unmarried Expectant Mothers.—Circular No. 2866 of the Ministry of Health indicates that the policy which the County Council should pursue, with regard to the general care and wellbeing of illegitimate children and unmarried mothers, should cover also the social and moral rehabilitation of the latter. It deals, therefore, with the need for accommodation not only for illegitimate children, but also for the mothers of these children, both prior and subsequent to confinement; this accommodation can be provided either through the agency of a voluntary organisation or directly by the Authority responsible for Maternity and Child Welfare.

When the Council's Scheme for the Care of Unmarried Mothers and Illegitimate Children was formulated, the need for residential accommodation for unmarried mothers was not considered to be so acute as that for illegitimate children; and when the Flora Dugdale Memorial Home was opened at Wellington in April, 1945, as a residential nursery for illegitimate children, it was hoped that the needs of unmarried mothers in this County would be met by the accommodation provided by the Lichfield Diocesan Association at the Refuge and Hostel, Chaddeslode, Shrewsbury, and at Myford House, Horsehay.

In addition, therefore, to the grants totalling £745, which are paid to the Lichfield and Hereford Diocesan Associations by the County Council, to which reference has already been made, annual grants of £350 and £200 are paid to the Lichfield Association for the accommodation which they provide at Chaddeslode and Myford House respectively. These Homes provide a total of 27 beds (16 at Chaddeslode and 11 at Myford House), but this accommodation is also open to cases from neighbouring counties.

There are, however, other homes outside this County in which the Moral Welfare Workers are sometimes able to find accommodation for Shropshire cases, but in these Homes, as at Chaddeslode and Myford House, it is not usually made available for the unmarried expectant mother who has previously had an illegitimate child.

While suitable accommodation is, therefore, usually available for the unmarried expectant mother who has not previously had an illegitimate child, difficulties have been experienced in providing for the following categories of unmarried expectant mothers:—

- (a) those who have previously had an illegitimate child;
- (b) those who have recently been confined but who, previous to confinement, had not been admitted to any Home; and
- (c) those who, in addition to belonging to one or other of the above categories, have one or more children to maintain.

On 1st February, 1951, a home for unmarried mothers was opened at St. Martin's, Walnut Tree Avenue, Hereford, by the Herefordshire County Council, who, at the request of the Salop County Council, agreed to reserve 5 beds for Shropshire cases, on the understanding that the County Council will pay that proportion of the total cost of maintenance which the 5 beds bear to the total number of 20 beds in the home.

As unmarried mothers who belong to categories (a) and (b) above are not excluded from admission to St. Martin's Home, by this arrangement the County Council have taken a considerable step towards meeting the requirements of these unmarried mothers.

It is, therefore, the securing of suitable accommodation for cases in category (c) above which still presents difficulties, and there is great need for homes or hostels to which unmarried mothers can be admitted with their children, from which they will be able to go out to work, and in which they will be self-supporting and pay their way—in whole or in part. Of such homes there is only a very limited number, and these difficult cases, therefore, tend to be admitted to Part III accommodation. This can at best only be regarded as an emergency measure, and the question of the provision of alternative accommodation until rehabilitation can be affected still remains to be dealt with by the Health Committee.

Many of the difficulties with which the Moral Welfare Workers are confronted in their efforts to rehabilitate this type of case did not arise when the Health Committee had at their disposal the Flora Dugdale Memorial Home, as it was then possible to provide temporary accommodation for illegitimate children whilst their mothers were assisted in finding employment in order to enable them to make their own living. Under a decision of the Home Office, however, responsibility for this Home was transferred to the Children's Committee of the County Council on 1st October, 1948.

It was the intention of the Health Committee, when the Council's scheme for the Care of Mothers and Young Children was prepared in accordance with the requirements of the National Health Service Act, that a second residential nursery—in addition to the Flora Dugdale Home—should be provided for illegitimate children by 1952, but it is now apparent that, under the ruling of the Home Office, children admitted to such a nursery would be regarded as "deprived" within the meaning of the Children Act, 1948, and that the nursery would consequently fall to be administered under that Act.

It would appear, therefore, that the only satisfactory solution of this and other problems connected with the care of unmarried mothers would be the establishment by the County Council of a Home to which such mothers could be admitted with their children, and that in the absence of such a Home there will always be a number of cases for whom the Health Committee will be unable to make proper provision.

The following are particulars of Shropshire cases admitted to Chaddeslode, Myford House and St. Martin's Home during 1951:—

Shropshire Cases admitted to Homes for Unmarried Mothers during 1951

Chaddeslode	Myford House	St. Martin's*	Total
6	4	18	28

*Opened on 1st February, 1951

Report of the Senior Dental Officer

Only a limited dental service for Expectant and Nursing Mothers and Pre-school Children could be provided during 1951. In the report for the years 1949 and 1950, reference was made to the inevitable curtailment of the numbers which could be treated and to the amount of work that could be done consequent upon failure to strengthen the staffing situation. Instead of an improvement taking place, a further loss was sustained to the number of effective dental officers operating during 1951. This, of course, led to a decline in the total amount of work done.

At the close of the year, however, the position in regard to the recruitment of professional staff was undoubtedly easier, due, in part, to the coming into force of the revised conditions of service for dental officers and also to the effect of new legislation which may result in making employment with a Local Health Authority a more attractive career for dentists than it has been in the past.

Staff.—The authorised establishment of full-time dental officers for 1951 was 11. On January 1st, the professional staff consisted of the Senior Dental Officer, two full-time and one part-time Assistant Dental Officers.

Owing to sickness, which led to his retirement from the Council's service in December, one of the full-time Assistants was unable to carry out his duties during the whole of the year.

One full-time Assistant was recruited to the staff and began work on 1st July, 1951.

The equivalent of service rendered by the whole professional staff during the year amounted to 2.95 in terms of full-time officers. The proportion of this total service devoted to the examination and treatment of Expectant and Nursing Mothers and Pre-School Children was 0.25 of a full-time officer.

Review of the work done during the year.—In previous reports it has been pointed out that the Dental Staff is primarily engaged on the inspection and treatment of the pupils in schools maintained by the Council. Examination and treatment of Expectant and Nursing Mothers and Pre-School Children are regarded as secondary and additional to the school work, and are undertaken only as opportunity and time permit.

As a result of the inadequacy in number of the dental staff to cope with the volume of the work, Medical Officers, Health Visitors and Midwives were not encouraged as a routine measure to refer mothers and pre-school children to the Dental Service for examination and treatment. However, all mothers who asked for treatment for themselves or for their children and those whom the Medical Officers and Nursing Staff, for particular reasons, wished treated were referred to the Dental Officers and received their treatment as soon as circumstances permitted.

The expansion of the service must await the time when the numerical strength of the staff reaches a level which will allow treatment to be freely offered and carried out without delay.

As compared with the three previous years there was, in the year under review, a decline in the number of mothers referred for examination, in the number who received treatment and in the amount of treatment carried out.

In the case of the pre-school children there is no substantial difference in the number treated and made dentally fit during the years 1949, 1950 and 1951. A large percentage of these children were not referred to the Dental Service for routine examination and treatment, but ultimately found their way to the clinics for the relief of pain.

An analysis of the numbers of Mothers and Pre-School Children dealt with, as well as details of the treatment carried out, will be found in the tables on pages 23 and 24 of this report.

Supply of Artificial Dentures.—No change has been made in the arrangements entered into with two firms of Dental Mechanics for the construction of the artificial dentures which were supplied to patients during the year.

The employment of a Dental Mechanic to work in the laboratory to be included in the premises at No. 5 Belmont, Shrewsbury, will be considered when the quantity of mechanical work to be done justifies such an appointment.

Facilities for X-ray Examination.—One X-ray machine is installed and is in use in the Dental Clinic in the north of the County at Oswestry. When radiographs are required in the examination and treatment of patients elsewhere, arrangements are made for them to be supplied by a private dentist practising in the district.

An X-ray machine is included in the equipment to be installed in the new Dental Clinic at No. 5 Belmont, Shrewsbury. This new machine will be available for use in 1952.

For use in the East of the County, an X-ray machine is included in the equipment to be installed in the Dental Clinic which forms part of the new Maternity and Child Welfare Centre now under construction at Newport.

Provision of Dental Clinics.—No new Dental Clinics became available for use in 1951. This situation, although disappointing, was not felt as acutely as it would have been had the staff risen in number, as it should have done, instead of having fallen during the year.

The coming into use of the new Dental Clinic at No. 5 Belmont, Shrewsbury, in 1952, will bring welcome relief from the cramped quarters in which the Dental Service has been working at the Murivance Health Centre.

In the new Maternity and Child Welfare Centres to be provided throughout the County, accommodation is being included for the use of the Dental Service. This building programme, which must of necessity be a long term one, will in the end give satisfactory results.

G. R. CATCHPOLE,

Senior Dental Officer.

Analysis of Expectant and Nursing Mothers and Pre-School Children dealt with during 1951

	Mothers			Pre-School Children
	Expectant	Nursing	Total	
Referred previously and brought forward for examination	24	2	26	10
Referred for examination during the year	65	21	86	138
	89	23	112	148
Examined during the year	47	17	64	126
Failed to keep all appointments made for examination	37	6	43	21
Left the County before arrangements could be made for examination	—	—	—	1
Awaiting examination at 31st December	5	—	5	—
	89	23	112	148
Found to require treatment previously and brought forward ..	14	7	21	20
Found to require treatment during the year	46	17	63	114
	60	24	84	134
Treatment completed and patient made dentally fit	28	11	39	93
Treatment begun and still in progress on 31st December	11	4	15	11
Treatment begun during year but abandoned by patient	9	5	14	2
Treatment begun during previous years but abandoned by patient ..	1	2	3	—
Brought forward but no further treatment required	2	—	2	—
Transferred for further treatment to the School Health Service ..	—	—	—	11
Failed to keep all appointments made for treatment	7	2	9	17
Awaiting treatment at 31st December	2	—	2	—
	60	24	84	134
Numbers having received treatment during the year	48	20	68	106

Expectant and Nursing Mothers and Pre-School Children provided with Dental Care during 1951

	Exam- ined	Needing Treatment			Treated			Made dentally fit		
		Exam- ined during year	Brought forward	Total	Exam- ined during year	Brought forward	Total	Exam- ined during year	Brought forward	Total
Expectant and Nursing Mothers	64	63	21	84	56	12	68	23	16	39
Pre-School Children	126	114	20	134	99	7	106	86	7	93

Forms of Dental Treatment Provided during 1951

	Extrac- tions	Anaesthetics		Fillings	Scaling or Scaling and Gum Treatment	Silver Nitrate Treat- ment	Dres- sings	Radio- graphs	Dentures supplied	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	147	46	15	93	10	3	4	—	15	13
Pre-School Children	148	20	56	27	—	49	1	—	—	—

National Health Service Act, 1946—Section 23

MIDWIFERY SERVICES

Under Section 23 of the National Health Service Act, 1946, the County Council, as Local Health Authority, are required to make available within the County an adequate number of Certified Midwives for attendance on women in their own homes, either as Midwives or as Maternity Nurses.

Before the introduction of the National Health Service on 5th July, 1948, the domiciliary midwifery service was provided directly by the County Council in the Borough of Shrewsbury, and elsewhere in the County on an agency basis by the Shropshire Nursing Association to whom the County Council made an annual grant of approximately £23,000. With the coming into operation of the National Health Service Act on that date, however, the County Council, by arrangement with the Shropshire Nursing Association, became the direct employers of the midwives who, outside the Borough of Shrewsbury, had previously been the employees of the various District Nursing Associations throughout the County.

Prohibition of Practice by Unqualified Maternity Nurses.—Under the powers conferred upon the Minister of Health by Section 6 of the Midwives Act, 1936 (re-embodied in Section 11 of the Midwives Act, 1951), if he is satisfied that a Local Supervising Authority under the Midwives Acts has provided a service of domiciliary midwives which is adequate for the needs of their area, he may, by order, make it an offence for any woman who is neither a State Certified Midwife nor a State Registered Nurse to receive any remuneration for attending as a nurse on a woman in childbirth, or at any time during the lying-in period. There are certain exceptions to meet the cases of persons in training and in nursing homes, etc., and the prohibition does not preclude a neighbour or friend from rendering services provided gratuitously.

An Order, made by the Minister, and entitled “The County of Salop (Prohibition of Unqualified Persons) Order, 1951,” came into effect on 1st September, 1951.

Notice of Intention to Practise.—The following are particulars of the State Certified Midwives who, in accordance with the requirements of the Central Midwives Board, gave notice of their intention to practise in this County during the years 1948 to 1951:—

		31st December			
		1948	1949	1950	1951
Employed by Local Health Authority	..	102	90	86	88
„ „ other Local Health Authorities		—	—	—	3
In private practice (Domiciliary)		17	22	14	10
„ „ „ (Private Nursing Homes)		13	10	14	13
In hospitals		47	45	76	55
		—	—	—	—
		179	167	190	169
		—	—	—	—

Work performed by Midwives.—Set out in the table below are particulars of the domiciliary midwifery work carried out during 1951 by Midwives employed by the County Council, with the corresponding figures for the preceding three years:—

Midwifery Work of County Council Midwives during 1948 to 1951

Midwives		Confinements Attended			Visits			
		As Midwives	As Maternity Nurses	Total	Ante-Natal	Midwifery	Maternity	Total
Home Nurse-Midwives	..	1,389	416	1,805	15,759	25,687	7,222	48,668
Midwives		211	36	247	1,414	3,804	557	5,775
TOTAL for 1951	..	1,600	452	2,052	17,173	29,491	7,779	54,443
TOTAL for 1950	..	1,473	468	1,941	17,776	27,973	8,512	54,261
1949	..	1,577	543	2,120	18,644	29,042	10,386	58,072
1948	..	1,771	446	2,217	21,358	42,803		64,188

As, during 1951, there were a total of 87 Midwives employed by the County Council, this means that, either as Midwives or Maternity Nurses, each attended on an average 23.5 confinements during the year. The average cost to the County Council during the financial year 1950—51 of domiciliary confinements under the Midwifery Service was £15 11s. 0d. per case.

It will be noted that the statistical information given in the above tabular statement relates only to the work of the midwives employed by the County Council in domiciliary practice. The information contained in the two following tables, however, relates to the work of all midwives (domiciliary, institutional and private) who gave notice of their intention to practise within the area of the County of Salop.

Domiciliary and Institutional Work under the Midwives Acts

Year	Midwives practising in December	Cases attended by Midwives		
		As Midwives	As Maternity Nurses	Total
1947	189	3,518	1,730	5,248
1948	179	3,394	1,393	4,787
1949	167	3,542	1,330	4,872
1950	190	3,426	1,359	4,785
1951	169	3,417	1,271	4,688

Notifications received from Midwives

Year	Medical Help	Still-births	Death of Mother or Child	Artificial Feeding	Liability to be a source of infection	Having laid out a dead body
1947	1,220	87	62	135	193	38
1948	1,207	76	54	207	160	37
1949	959	83	54	181	138	34
1950	693	75	50	173	75	24
1951	775	74	40	164	85	25

Medical Practitioners (Fees) Regulations, 1948.—Under the rules of the Central Midwives Board, a Midwife is required in emergency to seek medical assistance by the issue of a Medical Aid Form, and a fee then becomes payable by the County Council (as Local Supervising Authority) under the Medical Practitioners (Fees) Regulations.

Where, however, a medical practitioner undertakes to provide maternity medical services in accordance with the National Health Service (General Medical and Pharmaceutical Services) Regulations, payment is made by the Local Executive Council, and in such cases the medical practitioner is not entitled to any payment by the Local Supervising Authority under the Medical Practitioners (Fees) Regulations.

The position for the five years 1947 to 1951 is set out in tabular form below, and it will be seen that, as more cases are now being provided with Maternity Medical Services under the National Health Service Act, and are, therefore, paid for by the Executive Council, there has been a consequent reduction in the number of claims made against the Local Supervising Authority:—

Payments made by County Council under Medical Practitioners (Fees) Regulations

Year	Claims for Payment	Payments by County Council
		£
1947	562	1,038
1948	496	1,296
1949	334	1,168
1950	195	528
1951	150	553

The Medical Practitioners (Fees) Regulations were revised with effect from 18th April, 1948, when medical practitioners became entitled to remuneration at increased rates.

Maternal Deaths.—Only one notification of maternal death, directly or indirectly due to pregnancy, was received from the Local Registrars in 1951, compared with 6 in the previous year. The cause of death in this case was toxemia of pregnancy.

The maternal death rates for the past five years for the whole of the County, based on the official returns of the Registrar General, are as follows:—

Year	Deaths	Rate per 1,000 live births and still-births	
		Shropshire	England and Wales
1947	11	1.94	1.17
1948	3	0.57	1.02
1949	3	0.59	0.98
1950	9	1.88	0.86
1951	1	0.21	0.79

Puerperal Pyrexia.—Under the Puerperal Pyrexia Regulations, 1951, which came into operation on 1st August of that year, medical practitioners are required to notify, as Puerperal Pyrexia, any febrile condition occurring in a woman in whom a temperature of 100.4 degrees Fahrenheit or more has occurred within 14 days after childbirth or miscarriage. Under the 1939 Regulations, which the new Regulations supercede, before a case was notifiable as Puerperal Pyrexia the rise in temperature had to be sustained for a period of 24 hours, or to recur within that period.

During 1951, the number of cases of Puerperal Pyrexia notified was 21 (none of which proved fatal) compared with 10 in the previous year—an increase which can be presumed to be accounted for by the change in procedure referred to above.

Pemphigus.—There were no cases of Pemphigus during 1951.

Analgesia.—(a) *Gas/Air.* Of the midwives employed by the County Council in domiciliary midwifery work, practically all have been trained in the use of the Minnitt Apparatus for the induction of Gas/Air Analgesia. Five midwives who are approaching retirement have, however, refused this training because of their age, and are not, therefore, qualified to use this apparatus. The table below gives particulars relating to gas/air analgesia in respect of the year 1951, with comparative figures for the preceding three years:—

Year	Midwives employed by County Council	Minnitt Apparatus provided	Cases in which used	Cases attended
1948	102	64	540	2,217
1949	90	74	912	2,120
1950	86	82	992	1,941
1951	88	80	1,158	2,074

(b) *Pethidine.*—Prior to 1st April, 1950, practising midwives were not authorised to be in possession of Pethidine, or to administer it other than under the supervision of a medical practitioner, but since the introduction on that date of the Dangerous Drugs (Amendment) Regulations, they have been permitted to acquire and use Pethidine on their own responsibility, subject to observance of the following rule of the Central Midwives Board:—

“A practising midwife must not on her own responsibility use any drug including an

analgesic, unless in the course of her obstetric training, whether before or after enrolment, she has been thoroughly instructed in its use and is familiar with its dosage and methods of administration or application."

During 1951, pethidine was administered by midwives employed by the County Council in 524 cases.

Of the total of 2,074 domiciliary cases attended by County Council midwives in 1951, analgesia, either in the form of gas/air or pethidine, was induced in 1,682 cases, or 81 per cent.

Maternity Outfits.—Under the National Health Service Act, 1946, maternity outfits are supplied by the County Council, without charge, to domiciliary confinement cases.

A small supply of these outfits, together with a stock of extra dressings, is held by every domiciliary midwife, who issues them on request. For distribution to the midwives a bulk supply of maternity outfits is stored in Shrewsbury.

During 1951, a total of 2,108 outfits were issued to domiciliary confinement cases in this County.

Transport.—The majority of nurses and midwives employed by the County Council are provided with motor transport for the purpose of their duties, and the position on 31st December, 1951, was as follows:—

Nursing Staff	Cars		Bicycles
	County Council	Privately Owned	
Nurse-Midwives (82)	73	6	3
Midwives (5) ..	—	3	2
Home Nurses (7) ..	1	1	5

Housing of Midwives.—The housing of midwives has presented many difficulties, as a large proportion occupy privately owned or privately rented houses which, when midwives leave the Council's employment, are not always available to their successors.

Provision has, therefore, been made in the capital building programme of the County Council for the erection in ten nursing districts of a standard type of nurse's house, the design of which has been approved by the Ministry of Health; and in order to serve the combined areas of Worfield and Claverley, one of these houses is at present in course of erection at Hilton.

The following are particulars of the accommodation occupied by midwives in the Council's employment on 31st December, 1951:—

Houses	..	owned by the County Council	..	..	7
„	..	rented by the County Council	..	..	28
„	..	owned by midwives or their relatives	..	..	6
„	..	rented by midwives or their relatives	..	..	28
Flats	..	rented by midwives	..	..	2
Rooms	..	rented by midwives	..	..	6
					—
					77
					—

Re-organisation of Nursing Districts.—Previous to the passing of the Midwives Act, 1936, the Shropshire Nursing Association undertook the provision on a voluntary basis of the Home Nursing and Midwifery Services. They were subsidised to some extent in respect of the latter by grants from the County Council, but with the coming into operation of this Act it became a statutory duty of the County Council to submit a scheme to the Ministry of Health which would secure for the County of Salop a domiciliary service of whole-time salaried midwives. (At that time, however, the County Council was under no such obligation in respect of the Home Nursing Service).

In preparing the scheme required by the 1936 Act, the County Council decided that it would be advantageous, and indeed necessary if the Home Nursing Service was to be maintained, to utilise the services of the district nurses then employed within the County by the various District Nursing Associations affiliated to the Shropshire Nursing Association; and, in order to provide the necessary Midwifery Service through the agency of the latter Association, the annual grant of approximately £3,000, which the County Council were then making to the Shropshire Nursing Association, was increased to some £23,000. The object of the increased grant was to enable the Association to pay adequate salaries to the midwives whom they employed and, by the provision of cars, not only to provide a more efficient service, but also to reduce the number of midwives who would be required if their only means of transport was by bicycle.

For the purposes of the County Council scheme it was considered that, in an urban district, a midwife or home nurse was capable of looking after 7,000 of a population, or, if she combined home nursing with midwifery, a population of 3,500; and that became the formula upon which the County Council's scheme was based. It was realised, of course, that in most of the rural areas no such population figure could be obtained, as the distances which would have to be covered by the midwives in such circumstances would be so great that a service which was acceptable to the local inhabitants would not be available; but it can now be said, in the light of experience, that in the more densely populated parts of the County the population figure which was arrived at was certainly not too high. The Shropshire Nursing Association, however, carried out a review of the nursing districts as they then existed and, by the amalgamation of the smaller and less populous of these, the number of district nurses who would otherwise have been required to meet the needs of the County was correspondingly reduced.

This review involved very great difficulties, as individual Nursing Associations did not wish to lose their identity, and the inhabitants of those villages who had previously had a resident nurse of their own objected to a scheme which would for the first time make them dependent upon a nurse resident in a neighbouring village—even if she were provided with a motor car. It did not, however, go as far as either the County Council or the Shropshire Nursing Association had intended, and in recent years it became apparent for various reasons, many of them arising out of the changed circumstances resulting from the coming into operation of the National Health Service Act—a number of which are enumerated below—that a further review of nursing districts had become necessary.

- (a) The populations of a number of nursing districts were too small to keep a nurse fully employed.
- (b) District nurses, unless they are also qualified health visitors, are not to be allowed to continue indefinitely to undertake those health visiting and school nursing duties which in certain of the smaller and less populous nursing districts they now carry out.

- (c) Many more women were being admitted to hospital for confinement, and although it is probable that there will be a falling off in the numbers so admitted when a solution has been found to the housing problem, it seems highly improbable that there will ever be a return to the old days of the village midwife, when most confinements were of a domiciliary nature.
- (d) The decision of the County Council to provide houses for district nurses had made it very necessary to ensure that, as a matter of long term policy, these houses would be located in those places where they would ultimately be found to be necessary.

A review of the Nursing Districts within the County was, therefore, carried out in the early part of 1951, and while the populations of the proposed new Nursing Districts had to a great extent to be determined by considerations of density of distribution and of local geographical conditions, proposals for the reduction of the nursing areas from 65 to 53, by absorbing them in adjoining areas, were adopted by the County Council ; and it is anticipated that the savings in salaries of nurses and in the provision and maintenance of cars will amount to not less than £6,276 per annum.

It was not, of course, intended to give immediate effect to these proposals, but gradually to bring about a re-arrangement of the nursing districts as opportunity presented itself by the resignation of nurses, or for any other reason. By the end of 1951, however, it had been possible to eliminate six of the twelve nursing areas scheduled for absorption into other districts as follows:—

Bayston Hill Nursing District into Atcham			
Bicton	„	„	Alberbury and Kinnerley
Claverley	„	„	Worfield
Cockshutt	„	„	Ellesmere, Baschurch and West Felton
Woore	„	„	Market Drayton
Stockton	„	„	Albrighton, Shifnal and Worfield

The staffing position under the revised scheme can be summarised in tabular form as follows:—

	Authorised	Proposed
Midwives (whole-time) ..	6	6
Home Nurses (whole-time)	8	9
Home Nurse-Midwives ..	84	73
Relief Nurses ..	6	6
TOTAL ..	104	94

Admission of Maternity Cases to Hospital.—Maternity patients are admitted to hospital on two grounds, namely, medical and “social.” When admission is required on medical grounds the necessary arrangements are made by the medical practitioner in attendance ; but when admission is desired for other than medical reasons the patient is required to make application to the Medical Officer of Health of the Local Health Authority for the area in which she lives, and each case is then investigated in order to ascertain whether the home circumstances are such that confinement can properly take place at home. The object of this procedure, which has been undertaken at the request of the Regional Hospital Board, is to ensure that, in view of the pressure on the maternity accommodation in the Region, admissions to hospital for confinement are restricted to those for whom it is essential.

Since the coming into operation of the National Health Service Act there has been an increase in the number of hospital confinements, and a fall in those which take place at home; and the following figures which date back to 1946 may be of interest:—

Year	Total	Confinements		Percentage of Domiciliary Confinements
		Domiciliary	Institutional	
1946	4,377	2,292	2,085	52 %
1947	5,248	2,760	2,488	53 %
1948	4,787	2,217	2,570	46 %
1949	4,872	2,244	2,628	46 %
1950	4,785	2,016	2,769	42 %
1951	4,662	2,064	2,598	44 %

There is no evidence that the very considerable increase in the number of hospital confinements can be accounted for in this County by more difficult home circumstances, and many applications for admission to hospital have been turned down because it was considered that they were not justified on "social" grounds. Certain patients, whose applications for admission had been refused after investigation, have applied to another hospital and been admitted without further reference to the Medical Officer of Health. Complaints that their maternity beds were unoccupied have been received from more than one hospital, and certain others seem to disregard the recognised procedure for admission on non-medical grounds. It has, therefore, been decided by the Regional Hospital Board that, where there are unoccupied maternity beds, the hospital concerned may at their discretion admit patients who do not qualify on social grounds.

Whatever may be said on the relative merits of domiciliary and hospital facilities for confinements, the fact remains that there are many midwives employed by the County Council whose time is not fully occupied, and who are anxious to get more midwifery work.

National Health Service Act, 1946—Section 25

HOME NURSING

As Local Health Authority, the County Council are required under Section 25 of the National Health Service Act, 1946, to make provision for securing the attendance of nurses on persons who require nursing in their own homes.

As in the case of the domiciliary midwifery service, the Council elected to provide home nursing by the direct employment of the nurses who were, previous to 5th July, 1948, employed by the various District Nursing Associations, and who were transferred to the Council's employment on that date.

Of the 7 full-time Home Nurses in the service of the Council at the end of 1951, six were employed in Shrewsbury and one in Ludlow. Elsewhere in the County, home nursing duties are undertaken by the home nurse-midwives in the various nursing areas.

Set out in the following table are particulars of the numbers of cases nursed at home and of the visits paid by the Home Nurses during the years 1948 to 1951:—

Home Nursing Services, 1948 to 1951

Year	Cases			Visits		
	Medical	Surgical	Total	General Nursing	Casual	Total
1948	6,016	3,337	9,353	135,743	19,301	155,044
1949	6,276	3,231	9,507	151,644	14,773	166,417
1950	6,794	3,134	9,928	158,149	14,771	172,920
1951	7,208	3,090	10,298	159,971	14,032	174,003

Arrangement with Radnorshire County Nursing Association.—Under an arrangement with the Radnorshire County Nursing Association, the home nursing and midwifery services in the parishes of Llanfairwaterdine, Bettws-y-crwyn and Stowe, which have a population of 1,044 and cover an area of approximately 30 square miles, are provided by Radnorshire nurses, for whose services an annual grant of £300 is made by the Salop County Council.

Below, in tabular form, are particulars of the work performed within the parishes in question by the Radnorshire nurses during the twelve months ended 31st March, 1951:—

				<i>Cases</i>	<i>Visits</i>
Maternity and Midwifery	..	..	..	5	91
Surgical and Medical	..	..	..	28	346
Ante-natal	..	..	..	7	37
				30	474

This is the equivalent of £10 per case, or of more than 12/6d. per visit.

National Health Service Act, 1946—Section 24

HEALTH VISITING

Section 24 of the National Health Service Act, 1946, places a statutory obligation upon the County Council to “make provision in their area for the visiting of persons in their homes by health visitors for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection.” The Health Visitor’s duties have, therefore, been greatly extended as, until the “appointed day,” the statutory obligations of the County Council with regard to health visiting were limited to mothers, and to children under five years of age.

Under the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948, no nurse is allowed to undertake health visiting duties unless she has obtained the Certificate of the Royal Sanitary Institute, or an equivalent qualification. It is true that, under a special dispensation of the Ministry of Health, nurses without this qualification are, for the time being, allowed to undertake certain health visiting duties, but the Ministry of Health has, with reference to this County, made it abundantly clear that they will not allow the present state of affairs, under which unqualified Health Visitors undertake health visiting duties, to continue indefinitely, and that steps must be taken to ensure that only nurses with the required qualification will be so employed. This requirement we have been trying to meet for some years, not very successfully, by means of the Council's training scheme for Health Visitors.

Health Visitor Training Scheme.—In view of the difficulty experienced on obtaining qualified Health Visitors, the Health (Nursing) Sub-Committee on 29th March, 1947, approved a Training Scheme which was open to State Registered Nurses under 35 years of age who had either obtained the State Certified Midwives Certificate, or had completed Part 1 of the training for that certificate, and were willing to enter into a contract of service with the County Council for a period of eighteen months from the date of commencement of training. Under that scheme the training and examination fees were met by the County Council, and the student received, in respect of her period of training of approximately six months duration, one-half of the minimum salary recommended for a Health Visitor by the Nurses Salaries Committee. On the successful termination of her training the student entered the service of the County Council for the remaining period of her eighteen months contract at the full minimum salary of a Health Visitor, and at the end of this period she was offered permanent employment in the County, subject to satisfactory service and the existence of vacancies.

As this scheme did not secure the number of Health Visitors required, and as it did not compare favourably in certain respects with the schemes introduced by other Local Health Authorities, a modified scheme, similar in all respects to the original, was approved by the Health (Nursing) Sub-Committee in May, 1950—except that the period of contract with the County Council extended from 18 to 30 months, and the remuneration given in respect of the period of training was raised from one-half to three-quarters of the minimum salary of a Health Visitor, subject to one-quarter of that minimum being held over until the trainee had passed the final examination for the Health Visitor's Certificate.

In order to cover the additional duties which have been placed upon Health Visitors under the National Health Service Act, the majority of Health Visitor Training Courses have been extended from six to nine months. The Health (Nursing) Sub-Committee decided, therefore, in May, 1951, that the contract period for Student Health Visitors under the Council's Training Scheme should be extended from 30 to 33 months, in order to ensure that, after completion of training, the Health Visitor remained in the Council's service for a period of two years.

Cost of Revised Training Scheme.—As a matter of interest the cost of the revised Training Scheme to the County Council is set out in tabular form below:—

	£	s.	d.
During training (50% of minimum salary) ..	138	15	0
On qualifying (25% of minimum salary) ..	69	7	6
Tuition Fee (average)	17	10	0
Examination Fee	6	6	0
Travelling Allowance (5/- per week) ..	9	15	0
	£241	13	6

Following qualification as a Health Visitor the Student receives on an average, in respect of the two remaining years of her contract, an annual payment of £377, and if to this sum is added the cost of her training to the County Council, then in the return for two years guaranteed service the Council make an annual payment of £498.

Since the inception of the Health Visitor Training Scheme in 1947, until 31st December, 1951, the number of students accepted for training was 19, of whom 17 were successful in obtaining their Certificate.

Dispensation granted by the Minister.—Dispensation in respect of the part-time Health Visitors employed in this County who do not possess the Health Visitor's Certificate was originally given by the Minister for a period of two years from 1st May, 1949, but has since been extended to 31st July, 1953. Every endeavour has been made to recruit Health Visitors to the Council's service, but the shortage of nurses who possess the Health Visitor's Certificate has made impossible the recruitment of Health Visitors in sufficient numbers to meet the needs of the County.

Health Visiting Staff Employed by the County Council

						<i>On 31st December</i>		
						1949	1950	1951
Health Visitors and School Nurses	..	..	..	..	..	27	29	27
District Nurse-Midwives (with Health Visitor's qualifications)	..				..	8	9	8
„ „ „ (without Health Visitor's qualifications)	..				..	40	32	31
						75	70	66

The following is a summary of the visits made by Health Visitors to children under five years of age and to expectant mothers during 1951, with corresponding figures for 1950:—

Visits Paid by Health Visitors during 1950 and 1951

Year	Health Visiting Staff			To Children			To Expectant Mothers	
				Under 1 year		1 to 5 years		Total
				First	Subsequent			
1950	Whole-time	..	26	3,290	19,414	31,606	54,310	514
	Part-time	..	41	1,227	11,364	14,331	26,922	27
	TOTAL ..			4,517	30,778	45,937	81,232	541
	Increase or Decrease			—255	+1,531	+6,035	+7,311	—102
1951	Whole-time	..	24	3,361	21,812	32,310	57,483	528
	Part-time	..	39	1,126	9,928	13,397	24,451	30
	TOTAL ..			4,487	31,740	45,707	81,934	558
	Increase or Decrease			—30	+962	—230	+602	+17

National Health Service Act, 1946—Section 28

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Under Section 28 of the National Health Service Act, 1946, the County Council, as Local Health Authority may, and if directed by the Minister of Health must, make arrangements for:—

- (1) the prevention of illness;
- (2) the care and after-care of persons suffering from illness or mental defectiveness.

The Minister has directed that, in the case of persons suffering from tuberculosis, arrangements for care and after-care shall be obligatory.

Tuberculosis

With the coming into operation of the National Health Service Act on 5th July, 1948, the tuberculosis work for which the County Council had previously been responsible, namely, the prevention of tuberculosis and the provision of institutional accommodation for patients in need of treatment for tuberculous conditions, became a matter of divided responsibility. While the County Council continued to be responsible for the prevention of tuberculosis under their Scheme for the Prevention of Illness, Care and After-Care—work, which is largely, if not entirely, domiciliary, and is, therefore, undertaken by the whole-time Health Visitors—treatment in hospitals and sanatoria became the responsibility of the Birmingham Regional Hospital Board.

Whatever may be said for and against these changes in the administrative arrangements, it seemed at first sight that they were unlikely to make any material difference to the tuberculosis work in this County, in that, while the Tuberculosis Officers of the County Council then became Chest Physicians in the employment of the Regional Hospital Board, this change was accompanied by an arrangement which was entered into with the Board under which two-elevenths of the time of two Chest Physicians was made available to the County Council for prevention and after-care purposes. Under this arrangement, both branches of the tuberculosis work, namely, County Council and Regional Hospital Board, were allowed to remain in the hands of the Chest Physicians, who continued to be responsible on behalf of the County Council for the keeping of the Central Register of tuberculous patients, and for the supervision of the work of the Health Visitors in so far as it related to the care and after-care of tuberculous patients in their own homes.

Although, therefore, there was a transfer of functions on 5th July, 1948, from the County Council to the Regional Hospital Board, previous arrangements continued to operate but, consequent upon the death of Dr. Elliott, the retirement of Dr. Watkin, and the appointment of Dr. Myres as Consultant Chest Physician on 1st April, 1951, it was considered that there should be a re-organisation of that part of the work for which the County Council was responsible. With that end in view it was decided that the Central Register of tuberculous patients should be maintained and kept up to date in the County Health Office; and it was also decided to revise the arrangements for the domiciliary supervision of tuberculous patients by the Health Visitors, and to make them directly responsible for this work to the County Medical Officer of Health through the Superintendent Nursing Staff.

Duties of the Regional Hospital Board and the Local Health Authority.—The responsibilities of the Regional Hospital Board and of the Local Health Authority in relation to the treatment and prevention of Tuberculosis may be summarised as follows:—

(a) *Regional Hospital Board:*

- (i) To secure the examination by Chest Physicians of all suspected cases of respiratory tuberculosis referred to them by medical practitioners.
- (ii) To provide, in conjunction with the patient's own doctor, treatment for all persons found to be suffering from respiratory tuberculosis.
- (iii) To provide accommodation in hospitals and sanatoria for all persons suffering from tuberculosis who require hospitalization.
- (iv) To provide mobile Mass Radiography Units to carry out surveys in conjunction with Local Health Authorities.

(b) *County Council:*

- (i) To keep a Central Register of all tuberculous persons within the County.
- (ii) To investigate the home conditions of persons suffering from tuberculosis and by periodic visits to ensure the care and after-care of such persons, particularly those who are being nursed at home.
- (iii) To provide open-air shelters, when necessary, for persons suffering from respiratory tuberculosis who, in the opinion of the Chest Physician, can be nursed at home.
- (iv) To supervise and secure the examination at Chest Clinics, as and when required, of persons who have been in contact with cases of respiratory tuberculosis.
- (v) To provide home nursing requisites and to assist generally in safeguarding the welfare of tuberculous persons.
- (vi) To provide for the B.C.G. Vaccination, by and at the instance of a Physician with specialist knowledge, of persons for whom it is considered by him to be medically expedient.

The most urgent need appeared to be to compile a reliable tuberculosis register (which is, of course, made up of both respiratory and non-respiratory cases), and all patients whose names appeared either in the then existing central register, or in the registers kept in respect of their individual Districts by the District Medical Officers of Health, were specially visited by the Health Visitors, who were required to answer a questionnaire in respect of each patient. In the light of the information in this way obtained, the central register (as distinct from that kept for each County District by the District Medical Officer of Health, but with which, *in toto*, it should correspond) was reviewed, and many names were removed from it. The position on 31st December, 1951, was as follows :—

Cases on Tuberculosis Register on 31st December, 1951			
Respiratory	..	1,002	Non-Respiratory 175

The object of the revision of the central register was to ensure that, with a view to the better care of tuberculous persons, it gave an accurate representation of the position in the County ; and the facts, as ascertained after the review, were reported to the District Medical Officers of Health to enable them to make the necessary adjustments in their registers. The central register will, of course, be available to the District Medical Officers of Health at any time for purposes of reference, and in order to ensure, amongst other things, that it will in future be an accurate record of the actual number of tuberculous patients in the County, a scheme for the Care and After-Care of Tuberculous Patients, of which the following is an outline, was submitted to and approved by the Health Committee.

A. Respiratory Tuberculosis

Notifications.—The names of cases which are notified to the District Medical Officers of Health, and which are forwarded by them at the end of each week to the County Medical Officer of Health, are entered in the central register, and then passed to the Consultant Chest Physician.

Cases transferred into the County.—The County Medical Officer of Health, when he receives notification from a District Medical Officer of Health of the transfer of a patient into this County from another area, in addition to entering the name of the patient in the Central Register, transmits the necessary particulars to the Chest Physician and the Health Visitor concerned.

In the event of a notification of an inward transfer being received in the first instance by the Chest Physician, the particulars are likewise forwarded by him to the County Medical Officer of Health for transmission to the District Medical Officer of Health and Health Visitor.

If, however, as sometimes happens, notification of an inward transfer is received in the first instance by the County Medical Officer, he transmits the necessary particulars to the District Medical Officer of Health, Chest Physician and Health Visitor.

Reference of new cases to Health Visitors.—Particulars of each new case, together with a tuberculosis visiting card, are sent by the County Medical Officer to the appropriate Health Visitor, who is required to complete (in triplicate) a house report, which she returns to him, and a copy of which he forwards to the Consultant Chest Physician and to the Medical Officer of Health of the District in which the patient normally resides.

Frequency of Visits to be made by the Health Visitor.—The Consultant Chest Physician sends to the County Medical Officer of Health a brief report on each new case, in which he indicates the frequency with which he considers visits should be made by the Health Visitor to the home of the patient (if a domiciliary case). This information is passed to the Health Visitor who visits as frequently as she considers necessary, but not less frequently than recommended by the Chest Physician.

At the end of each quarter, normally (or occasionally at longer intervals, according to the frequency of visitation recommended by the Chest Physician), the Health Visitor sends a report on each patient to the County Medical Officer of Health. These reports are scrutinised in the County Health Office, and when called for, appropriate action is taken.

Attendance at Chest Clinics.—The Health Visitor is also required to ensure, for purposes of periodic examination, the patient's attendance at the Chest Clinic, and also the attendance of "contacts" from the home, as and when required by the Chest Physician.

Sputum Examinations.—In those cases where a sputum examination has been carried out, the Chest Physician also sends a report on the sputum to the County Medical Officer for transmission to the Health Visitor responsible for the domiciliary supervision of the patient.

Admissions to, and Discharges from, Hospitals and Sanatoria.—At the beginning of each month, the Consultant Chest Physician supplies the County Medical Officer with the following information:—

- (a) Particulars of patients who, at the end of the preceding month, are awaiting admission to Hospitals and Sanatoria, together with information concerning the length of time such patients have been on the waiting list.
- (b) Particulars of patients who have been admitted to, and discharged from, Hospitals and Sanatoria during the preceding month.

The County Medical Officer then informs the Health Visitor concerned of patients who have been admitted to, or discharged from, institutional care.

Open-Air Shelters.—The Consultant Chest Physician notifies the County Medical Officer of patients who should be provided with open-air shelters. (A register of shelters is kept in the County Health Office, and the County Sanitary Inspector is responsible to the County Medical Officer for the regular inspection of the shelters, and for the arrangements in connection with their erection, removal, storage, maintenance and repair).

Removal of Names from the Register.—Names of tuberculous patients are not removed from the register in the absence of a recommendation to that effect from the Chest Physician, or without reference to him of patients in whose case, in the light of the Health Visitors' reports, such action appears to be appropriate.

When a patient's name is removed from the register in this way, the District Medical Officer of Health concerned is notified in order that his register may be adjusted accordingly.

B. Non-Respiratory Tuberculosis

The scheme for the care of patients suffering from Non-Respiratory Tuberculosis has been similarly revised, and substantially the same procedure as for cases of Respiratory Tuberculosis is followed. An initial visit in each case is paid by the Health Visitor, subsequent visits being made according to the circumstances of each patient.

It will be seen, therefore, that the tuberculosis work for which the County Council are responsible was completely re-organised during 1951, and more closely co-ordinated with the work of the Regional Hospital Board in order to ensure that co-operation upon which the welfare of the tuberculous patients so greatly depends.

B.C.G. (Bacillus Calmette-Guerin) Vaccination.—The County Council, with the approval of the Minister of Health, provide facilities for B.C.G. Vaccination against tuberculosis in the case of persons for whom the Chest Physicians consider it to be medically expedient, subject to the necessary preliminary tests, to offer such vaccination.

The Minister of Health has stated that it is not intended that B.C.G. Vaccination shall be provided indiscriminately for the general public, and in this County it has so far been limited to certain groups of the community who are considered to be in special need of protection, namely, hospital nurses and infants of tuberculous parents.

From October, 1949, when B.C.G. Vaccination was first undertaken in the County, until 31st December, 1951, the Chest Physicians have vaccinated 40 persons, particulars of whom are given below:—

Hospital Nurses	33
Male Hospital Orderly	1
Infants of Tuberculous Parents	6
	—
Total ..	40
	—

National Assistance.—Financial assistance, or assistance in kind, for persons suffering from Respiratory Tuberculosis is provided in necessitous cases by the National Assistance Board; and in December, 1951, a total of 80 tuberculous persons were receiving assistance from the Board.

Domestic Help.—Tuberculous persons are included amongst those recognised as qualifying for the services of Home Helps, and during 1951 assistance was provided through the Council's Domestic Help Service in two cases.

Open-Air Shelters.—During 1951, a survey of all open-air shelters owned by the County Council was undertaken by the County Sanitary Inspector, and a report was submitted to the Health (Nursing) Sub-Committee upon their condition individually and their distribution throughout the County.

Of the 113 shelters involved, 36 were located at various hospitals under the administration of the No. 15 Group Hospital Management Committee and, as 30 of these shelters were in actual use for the accommodation of tuberculous patients, the County Council decided to relinquish all rights of ownership.

The great majority of the remaining 83 shelters were found to be in need of repair, and the condition of 6 of these was so poor that they were scrapped. Action has been taken for all necessary repairs to be effected and for the regular routine inspection of all shelters to be undertaken in order to ensure

- (a) that they are being used for the purpose for which they were provided;
- (b) that they are maintained in a satisfactory state of cleanliness; and
- (c) that structural defects are detected as soon as possible, thereby reducing the ultimate cost of maintenance and repair.

On 31st December, 1951, the position with regard to the 77 effective shelters then remaining in the ownership of the County Council was as follows:—

At patient's homes	..	..	..	51
In store	..	..	..	25
On loan to East Hamlet Hospital	..			1
				77

In this connection special reference ought to be made to the work of the County Sanitary Inspector who, during the year under review, inspected all the shelters in the County, reported upon them individually and in detail, and drew up specifications for the repair of those shelters found to be defective. Unfortunately this applied in some degree to the great majority, and while some of the shelters were not weatherproof and others were badly sited, the floorboards sometimes resting on the ground, still others, as stated above, had to be scrapped; but as no shelters for tuberculous patients have been purchased by the County Council since some years before the war, this can hardly be regarded as a matter for surprise.

The County Sanitary Inspector dealt with the unoccupied shelters in the first instance and, after reconditioning, used them to replace those already in use and in need of repair, thus adding greatly to the comfort of many of the patients. These were erected under his supervision and those which are surplus to requirements have been repaired and stored at various places throughout the County, at no cost to the County Council, in such a way that the risk of their deterioration as a result of weather conditions has been reduced to a minimum.

Not only will the County Council be saved the cost of replacements in years to come—and the cost of new shelters is now a very considerable item—but shelter accommodation is now the only form of isolation which the County Council can provide for those infectious cases who are being looked after in their own homes. Unless a reasonable measure of comfort can be secured, the shelters are not likely to be occupied by the patients, especially during the winter months, and the main purpose for which they are provided, namely, the prevention of the spread of tuberculous infection, will be defeated.

Although the expense involved in the repair of the shelters has been appreciable, this work is regarded as having been of great importance and well worth while on humanitarian if on no other grounds.

Statistical Information.—The following statistical information relates to the notification and treatment of tuberculous cases during 1951 :—

Respiratory Tuberculosis.—During the year, 154 cases of Respiratory Tuberculosis were notified, 36 less than in the previous year; and there were 66 deaths from this form of the disease—13 less than in the previous year.

Non-Respiratory Tuberculosis.—With regard to Non-Respiratory Tuberculosis, the number of notifications for 1951 was 49, or 32 less than in the previous year; and the number of deaths was 9, or 4 less than in the previous year.

Particulars of the notifications of, and deaths from, both forms of Tuberculosis, classified in age groups, are as follows:—

Notifications of, and Deaths from, Tuberculosis (Respiratory and Non-Respiratory) in 1951

Age Periods of Cases	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	2	—	—	—	1	—	—	—
1—5	3	5	5	4	—	1	1	1
5—15	5	3	10	6	—	—	—	—
15—25	13	19	6	4	4	1	1	—
25—35	21	25	2	—	7	5	—	1
35—45	11	7	—	3	6	6	—	1
45—55	13	6	3	3	8	4	3	—
55—65	15	1	—	—	11	1	—	—
65 and upwards ..	3	2	1	2	8	3	—	1
	86	68	27	22	45	21	5	4
TOTAL FOR 1951 ..	154		49		66		9	
„ „ 1950 ..	190		81		79		13	
„ „ 1949 ..	157		79		114		15	

Respiratory Tuberculosis—Notifications and Death Rates since 1940

Year	Notifications	Deaths	Population	Rates per 1,000	
				Notifications	Deaths
1940	198	72	257,170	0.76	0.27
1941	246	109	276,920	0.88	0.39
1942	208	91	268,900	0.77	0.33
1943	213	126	260,900	0.81	0.48
1944	155	108	259,830	0.59	0.41
1945	162	108	256,530	0.63	0.42
1946	142	82	262,020	0.54	0.31
1947	164	95	264,800	0.61	0.35
1948	137	93	272,350	0.50	0.34
1949	157	114	272,400	0.58	0.42
1950	190	79	288,710	0.66	0.27
1951	154	66	293,500	0.52	0.22

Non-Respiratory Tuberculosis—Notifications and Death Rates since 1940

Year	Notifications	Deaths	Population	Rates per 1,000	
				Notifications	Deaths
1940	116	20	257,170	0.45	0.08
1941	148	23	276,920	0.53	0.08
1942	146	28	268,900	0.54	0.10
1943	134	19	260,900	0.51	0.07
1944	95	14	259,830	0.36	0.05
1945	105	18	256,530	0.41	0.07
1946	71	20	262,020	0.27	0.08
1947	71	18	264,800	0.27	0.07
1948	67	10	272,350	0.25	0.04
1949	79	15	272,400	0.29	0.05
1950	81	13	288,710	0.28	0.04
1951	49	9	293,500	0.17	0.03

The statistical information given in the following tables relates to patients suffering from Respiratory Tuberculosis who were admitted to, and discharged from, hospitals and sanatoria in the County during 1951. Deaths of patients are indicated by the figures given in brackets.

Admissions to and Discharges from Hospitals and Sanatoria during 1951

Hospital or Sanatorium	Admissions				Discharges (including deaths)			
	Males	Females	Children	Total	Males	Females	Children	Total
Cross Houses Hospital	1	1	—	2	2	2	—	4
East Hamlet Hospital	12	1	—	13	8 (2)	1	—	9 (2)
Prees Heath Sanatorium	—	13	—	13	—	11 (1)	1	12 (1)
Shirlett Sanatorium	54	44	4	102	49 (5)	42 (2)	1	92 (7)
Wrekin Hospital	6	2	—	8	5 (1)	2 (2)	—	7 (3)
TOTAL ..	73	61	4	138	64 (8)	58 (5)	2	124 (13)

Other Aspects of Care and After-care

Other Types of Illness.—In the case of patients discharged from hospital, any necessary nursing care and attention is provided through the Council's Home Nursing Service, and arrangements have been made by the Regional Hospital Board for particulars of all discharged hospital patients requiring after-care to be notified to the Local Health Authority.

Close co-operation has also been established with the Children's Officer, whose aid is very often necessary where residential accommodation is required for children during a domestic emergency, such as illness or confinement of the mother.

Provision of Nursing Equipment.—The provision of nursing accessories forms an important part of the Council's Scheme, and all Home Nurses and Midwives hold a small supply of minor articles, such as hot water bottles, air rings, bed pans and feeding cups, which are available for issue on loan to patients being nursed at home.

Larger items of equipment, including wheel chairs, air beds, etc., are held in a central stock at the Health Department, and issued as the need arises.

Recuperative Convalescence.—Under the County Council's scheme for the provision of convalescent facilities, arrangements are made for patients who are in need of a short convalescent holiday, involving no more than rest, good food, fresh air and regular hours, to go to suitable Convalescent Homes. Financial responsibility is accepted by the Council but, in accordance with their family incomes, patients are required to contribute towards the cost of their convalescence.

During the year, a total of 12 cases were assisted by the County Council, and were sent to the following Convalescent Homes, at a total cost to the Council of £62 7s. 0d.:—

The Lady Forester Convalescent Home, Llandudno	6
Belmont Convalescent Home, Clevedon, Somerset	1
Boarbank Hall Convalescent Home, Grange-over-Sands, Lancashire	1
Gable House, Droitwich	1
St. Luke's Convalescent Home, Exmouth	1
St. Joseph's Convalescent Home, Bournemouth	1
Southern Convalescent Home, Lancing-on-Sea, Sussex	1
TOTAL ..	12

Health Propaganda.—Literature.—During the year, posters, leaflets and booklets on a variety of health subjects have been distributed to the public, chiefly through the Welfare Centres and the Health Visiting and Nursing Staffs.

Copies of the magazine “Better Health” are regularly supplied to Health Visitors and Home Nurse-Midwives, and a number are supplied to Welfare Centres throughout the County for distribution to the mothers in attendance. A copy of the magazine “Mother and Child” is distributed every month to each Assistant County Medical Officer of Health and Health Visitor for their information.

Exhibit.—The exhibition stand was again in continual use during the year, and various topics obtained from the Central Council for Health Education were displayed at the larger Welfare Centres throughout the County, and subjects such as “Breast Feeding,” “Measles” and “Accidents in the Home” have been dealt with. Talks in connection with these and other subjects are also given from time to time by the Health Visitors.

Films.—Film displays for mothers were arranged at those Welfare Centres which are equipped with electricity and have a large enough waiting room for the purpose, and also at the Church Hall, Ludlow. The films shown dealt with matters relating mainly to infant welfare and the health of the mother.

Display Sets.—The Ministry of Health issued a series of display sets on health education subjects, each set consisting of twelve attractively coloured panels, printed on stiff card, illustrating different matters pertaining to health.

Courses and Lectures.—Lectures on health subjects and mothercraft were given by members of the Superintendent Nursing Staff to various organisations and associations in the County such as Parent Clubs, Women's Institutes and groups of final year pupils.

General.—The health propaganda material issued during the year has been well received, particularly by the mothers of young children, who have found the literature both useful and instructive.

Mental Illness or Defectiveness.—In so far as mental illness is concerned, patients normally resident in this County who are discharged from Shelton Hospital, receive initial domiciliary visits from the Psychiatric Social Worker of that Hospital, before being referred for supervision to the whole-time Health Visitors under the County Council's After-Care Scheme.

With regard to mental defectiveness, routine regular domiciliary supervision of defectives continues to be carried out by the whole-time Health Visitors.

National Health Service Act, 1946—Sections 49—51

MENTAL HEALTH SERVICE

Under Sections 49 to 51 of the National Health Service Act, 1946, it is, briefly and broadly, the duty of the County Council, as Local Health Authority:—

- (1) to ascertain, and to initiate proceedings for the provision of care and treatment of, persons suffering from mental illness or defectiveness, and
- (2) to make arrangements for the domiciliary care and after-care of such persons.

Administration.—Responsibility for duties in connection with the Mental Health Service is that of the Health Committee, who discharged their functions through a Mental Health Sub-Committee, which met quarterly. The following information relating to the constitution of this Sub-Committee is included in this report at the request of the Minister of Health:—

Constitution of Health (Mental Health) Sub-Committee

The Chairman of the Council
 The Vice-Chairman of the Council
 The Chairman of the Health Committee
 The Vice-Chairman of the Health Committee
 Five members of the Health Committee
 One co-opted member

Staff.—On 31st December, 1951, the staff employed in the Mental Health Service, in addition to the County Medical Officer of Health and his Deputy, consisted of the following officers:—

7 Assistant County Medical Officers
 1 Petitioning Officer under the Mental Deficiency Acts
 1 Deputy Petitioning Officer
 1 Principal Duly Authorised Officer
 1 Duly Authorised Officer
 1 Superintendent Nursing Officer (who was also a Duly Authorised Officer)
 3 Assistant Superintendent Nursing Officers (who are also Duly Authorised Officers)
 24 Health Visitors

In addition to the duties which they normally undertake, officials of the Local Health Authority also carry out a certain amount of work on behalf of various Regional Hospital Boards and Hospital Management Committees. The main service performed in this connection is the periodic visiting of patients licensed from institutions for mental defectives to the care of persons resident in Shropshire. At the end of the year 1951, there were 23 defectives on licence from institutional care who were being visited by the County Council's Health Visitors.

On the other hand, Psychiatric Social Workers employed by the Regional Hospital Board undertake, on behalf of the Local Health Authority, the after-care of patients immediately following their discharge from mental hospitals, selected cases being later referred to the County Council's Health Visiting Staff for domiciliary supervision.

Lunacy and Mental Treatment Acts.—Particulars are given in the following table of the cases dealt with under the Lunacy and Mental Treatment Acts by the Duly Authorised Officers of the County Council during 1951, with corresponding figures for 1950:—

Cases dealt with by the Duly Authorised Officers

		Males		Females		Total	
		1950	1951	1950	1951	1950	1951
Lunacy Act, 1890 ..	Under Summary Reception Order	50	41	63	69	113	110
	Under "Three Day" Order ..	—	3	—	2	—	5
	Under "Urgency" Order ..	—	1	—	—	—	1
Mental Treatment Act, 1930	As Voluntary Patients	32	18	21	12	53	30
	As Temporary Patients	2	4	4	9	6	13
TOTAL ..		84	67	88	92	172	159

Four of the voluntary patients shown in the table above were initially admitted to hospital under a "Three Day" Order issued by a Duly Authorised Officer, but having subsequently applied for treatment as voluntary patients, they were later accepted as such.

In addition to the patients shown in the table above, investigations were carried out by the Duly Authorised Officers in the case of 31 persons in whom unsoundness of mind had been alleged but could not be confirmed.

Mental Deficiency Acts:—

Ascertainment.—Particulars of the mental defectives ascertained during the year 1951, with corresponding figures for 1950, are given below:—

Mental Defectives ascertained during 1950 and 1951

		Males		Females		Total	
		1950	1951	1950	1951	1950	1951
Cases reported by Local Education Authority:—							
(i)	Under Section 57(3) of the Education Act, 1944 ..	14	13	8	20	22	33
(ii)	Under Section 57(5) of the Education Act, 1944:—						
	on leaving special schools	10	7	3	—	13	7
	on leaving ordinary schools	10	8	17	5	27	13
Other Cases		9	9	8	3	17	12
TOTAL ..		43	37	36	28	79	65

At the end of the year 1951 there were 59 mental defectives in this County awaiting vacancies in institutions, particulars of whom are given in the following table:—

Mental Defectives awaiting admission to Institutions on 31st December, 1951

DEFECT	MALES						FEMALES						Grand Total
	Under 7	7—16	16—30	30—60	Over 60	Total	Under 7	7—16	16—30	30—60	Over 60	Total	
Feeble-minded	1	3	2	2	—	8	1	1	5	4	—	11	19
Imbeciles	2	8	6	4	—	20	2	3	2	4	—	11	31
Idiots	1	5	—	1	—	7	—	1	1	—	—	2	9
TOTAL ..	4	16	8	7	—	35	3	5	8	8	—	24	59

Guardianship.—On 31st December, 1951, there were 12 Shropshire mental defectives (3 males and 9 females) under guardianship care, only 4 of whom were resident in this County. Of the remaining 8 (2 males and 6 females), one was under supervision by the Brighton Guardianship Society, and 7 by other Local Health Authorities.

Statutory Supervision.—Particulars are given in the table below of the cases under Statutory Supervision on 31st December, 1951:—

Defectives under Statutory Supervision on 31st December, 1951

DEFECT	MALES						FEMALES					Grand Total
	Under 7	7—16	16—30	Over 30	Total		Under 7	7—16	16—30	Over 30	Total	
Feeble-minded	—	9	68	15	92		—	2	70	23	95	187
Imbeciles	4	33	34	15	86		6	27	23	17	73	159
Idiots	1	3	2	3	9		—	2	4	4	10	19
TOTAL 1951 ..	5	45	104	33	187		6	31	97	44	178	365
TOTAL 1950 ..	2	48	99	37	186		—	37	84	39	160	346

In addition to the cases under Statutory Supervision referred to above, there were 347 cases under Voluntary Supervision.

Occupation and Training.—In the proposals for a Mental Health Service which were formulated by the County Council under the National Health Service Act, 1946, provision was made for the training and occupation of mental defectives residing in the community. It was envisaged that two Occupation Centres would ultimately be established in certain of the more densely populated areas, and that the needs of those mental defectives residing elsewhere in the County would be met by two Home Teachers who would be employed by the County Council. It has not so far been possible to implement these proposals, but the matter is at present under consideration with a view to overcoming the staffing and other difficulties involved.

National Health Service Act, 1946—Section 27

AMBULANCE SERVICE

Under Section 27 of the National Health Service Act, 1946, Local Health Authorities are responsible for ensuring that “ambulances and other means of transport are available, where necessary, for the conveyance of persons suffering from illness or mental deficiency, or expectant or nursing mothers, from places in their area to places in or outside their area.”

Obligations of the Local Health Authority.—When the National Health Service Act, 1946, came into operation in July, 1948, it placed the responsibility for providing suitable transport for the various categories of persons referred to above upon the Ambulance Authority in whose area the need arose ; and this obligation imposed an extra burden on those Authorities, mainly County Borough Councils, in whose area the greatest number of hospitals were situated. Birmingham City Council, for example, became responsible for providing ambulance facilities for patients from this County who had been sent to a Birmingham hospital for treatment, if on discharge they were in need of ambulance facilities.

As a result of representations made by such Authorities, when the National Health Service (Amendment) Act, 1949, came into operation, there was included in it a provision requiring the Local Health Authority from whose area a patient had been admitted to hospital to bear the cost of his return journey, if his discharge took place within three months of the date of his admission. This has resulted in a “gentleman’s agreement” between most Authorities, under which the Authority for the area in which the Hospital is situated gives the Authority responsible for the cost of the return journey the opportunity to provide the necessary transport themselves. This is done as far as possible with patients sent to outside areas from this County, but it has added appreciably to the work, especially on the administrative side, of the Ambulance Service.

Administration.—The County Ambulance Service consists of a main Central Depot, which is unfortunately divided for the time being into two parts (one at Cross Houses Hospital and the other at the County Council Highways Depot, Meole Brace), with eight subsidiary depots (at Oswestry, Whitchurch, Market Drayton, Much Wenlock, Bridgnorth, Ludlow, Bishop’s Castle and Donnington, which last has a sub-station at Shifnal); and at each depot, other than the Central Depot, the day-to-day administration is controlled by a Local Ambulance Sub-Committee.

The principle upon which the Service is organised is that the most reliable, economical and efficient service is secured if there is a maximum concentration of vehicles in one central depot, subsidiary depots being maintained in the more distant and populous parts of the County, primarily to save time in emergencies. Experience has justified the Council’s choice of location for these depots, and despite local diversities in administrative procedure, and the fact that it has not yet been possible to house the Central Depot under one roof, a Service adequate for all reasonable requirements has been provided.

Operation of the Service—The Service is operated from a Central Control (telephone number Shrewsbury 2626) in the County Health Office at Shrewsbury, to which all requests should be made when an ambulance or sitting-case car is required in any part of the County, and in certain parts of neighbouring Counties. Central Control is manned day and night, the night service being maintained through the co-operation of the County Fire Service.

Call-up Arrangements.—The following is a copy of a memorandum which has been issued from the County Health Office to all Medical Practitioners in the County of Salop, and to numerous other interested persons, regarding the procedure which should be followed when an ambulance or sitting-case car is required:—

Central Control for Ambulance Services.—A Central Telephone Control for Ambulance Services—hereinafter referred to as “Central Control”—has recently been established in Shrewsbury in association with the County Health Office. It has the telephone number Shrewsbury 2626, and is manned throughout the twenty-four hours.

Ambulances.—Medical Practitioners and other responsible persons, who have in the past been in the habit of obtaining an ambulance by communicating directly with the Local Ambulance Depot in their area, may continue to do so if they so desire, or if it appears to them that circumstances warrant this procedure; but it is emphasised that, in order to ensure that an ambulance will be made available in an emergency with the minimum of delay, the request should be made by telephoning Central Control. No time will be wasted in re-transmitting the call to the ambulance depot which is in the best position to deal with the emergency, and it has been agreed by the Postmaster-General that requests made by an Ambulance Authority to a telephone exchange operator in the form of “urgent life-saving call” will be treated “exceptionally.”

Sitting-case Cars.—The County Council is building up a fleet of sitting-case cars, but the delivery of vehicles is slow, and in the meantime the Women’s Voluntary Services are assisting the County Council by the conveyance of sitting-cases in private cars owned by the members of that Service.

It is not an easy matter to arrange a great number of sitting-case car journeys at short notice, particularly when, as often proves to be the case, many of these journeys have to be made at or about the same time. Whenever possible, therefore, forty-eight hours’ notice should be given in writing to the County Medical Officer of Health, but if this cannot be done, and it is necessary to make arrangements by telephone, requests for a sitting-case car should be made during the usual office hours by telephoning Central Control, when every effort will be made to provide a punctual service.

Journeys necessitating Special Arrangements.—Journeys for which it is necessary to make special arrangements are those involving the use of a special vehicle, an overnight stay, or a combination of road and rail transport.

When, therefore, a patient has to make a long journey to a hospital or other place outside the County, a written request should be sent to the County Medical Officer of Health, giving full particulars and stating whether an ambulance or sitting-case car is required, or whether a combination of road and rail transport would be suitable, as the County Council can arrange for a patient to be conveyed by rail, either as a stretcher case or in whatever manner is considered to be most suitable.

If, however, time will not allow of a communication in writing being sent to the County Medical Officer of Health—when special arrangements have to be made for the conveyance of a patient—full particulars should be telephoned to Central Control; but it is very desirable that telephone calls concerning such cases should, if possible, be made during the usual office hours.

It is not claimed that the County Ambulance Service is infallible, but when complaints are received that, in circumstances of emergency, there has been undue delay in the arrival of the ambulance, it is usually found that the procedure outlined above has not been followed, and that, in order to save time, an effort has been made to obtain an ambulance from the nearest depot or sub-depot. As, however, the departure and return of all ambulances and sitting-case cars are required to be notified immediately to Central Control, the vehicles available at any particular time and place are known at Control, and the ambulance likely to reach the scene of the emergency most quickly can always be sent. When telephoning for an ambulance, it is not even necessary to know the telephone number; the use of the single word “Ambulance” will secure the desired result.

Growing use of the Service.—In July, 1951, the Minister of Health issued to all Local Health Authorities a circular which, amongst other matters, expressed the concern which he felt at the steadily increasing demands which were being placed upon ambulance services generally, and indicating the action which he had taken to limit these demands without denying help to anyone for whom it was genuinely necessary. The Minister has, therefore, informed Local Health Authorities that, in order to ensure the economic use of the Ambulance Service, he has brought various recommendations to the notice of Regional Hospital Boards, Hospital Management Committees and Boards of Governors, of which the following is a summary:—

- (1) that one officer in each hospital, or group of hospitals, should be made responsible for all calls on the Ambulance Service originating from the hospital or hospitals for which he is responsible;
- (2) that this officer should co-ordinate the times of out-patient appointments, the discharge of patients, and generally ensure that whenever possible patients are transported to and from hospitals in groups, rather than individually;
- (3) that as far as possible ambulances should not be kept waiting—for example, for the return of their equipment;
- (4) that ambulance service vehicles should be called upon only for patients who are genuinely unable to travel by any other means;
- (5) that standing orders for transport for particular out-patients should be periodically reviewed; and
- (6) that the load upon the ambulance service should be spread by evening out the out-patient clinics which make the greatest demands upon it.

In addition, a note on the use of ambulances, from which the following is an extract, has been issued by the Minister to all hospital authorities for circulation to medical and other officers by or through whom calls are made upon the ambulance service, and to Executive Councils for distribution to medical practitioners whose names are contained in their medical lists :—

- (1) Where a person who needs to attend hospital can reasonably be expected to do so, he should make his own arrangements; if he cannot afford the fare to travel by public transport he may apply to the National Assistance Board for help.
- (2) The ambulance service should only be asked to provide transport for a walking patient to get to or from hospital if the patient cannot reasonably be expected to make the journey in some other way, such as on foot, or partly on foot and partly by train, bus or tram.
- (3) Ambulance transport should NOT be ordered for the whole of a journey if the patient can, without detriment to his health, make part of it by ordinary public transport. In such a case, the doctor or hospital should inform Ambulance Control how much of the journey by ambulance or car is necessary, and it will then be for Control to decide on practical grounds whether or not to provide transport for the whole journey.
- (4) The ambulance service should NOT be called upon to convey a patient to or from a railway station or tram or bus stop, unless he cannot reasonably be expected to walk.
- (5) Where a patient is fit to use public transport, the ambulance service should NOT be called upon merely because the public transport times do not entirely fit in with the time of the patient's appointment at hospital.
- (6) The service should NOT be called upon to convey a patient to or from hospital simply because he has luggage.
- (7) General practitioners should NOT ask the ambulance service to provide transport to convey a patient for a longer journey than is necessary, and where ambulance transport is required, the service should not be asked to convey him to a distant hospital if the diagnosis or treatment can be obtained nearer home.

Private arrangements for transport outside the National Health Service should be made if for any reason it is desired to attend a more distant hospital than necessary.

The same principle applies to journeys to specialists.

- (8) Where it is necessary to ask the ambulance service to make arrangements for the conveyance of a patient over a long distance and the service wishes to make arrangements with the railway authorities for part of the journey to be made by rail, objection should not be raised to this being done, unless there is definite medical reason for doing so. A patient can often have a more comfortable journey by rail than by road.
- (9) The ambulance service should NOT be asked to provide transport to convey a person on holiday or to a place of recreation. If an ambulance or car is required for such a journey, private arrangements must be made outside the National Health Service.

Vehicles.—On 31st December, 1950, the establishment of vehicles was 37 ambulances and 9 sitting-case cars.

Ambulances: Of the 37 ambulances, four which were surplus to the authorised establishment were earmarked for Civil Defence training purposes, but one of these, because of its extremely poor condition, was disposed of in the course of the year.

Of the remaining 33 vehicles, nine had been in use for ten or more years, and it was decided to replace them by new Bedford Ambulances at the rate of three in each succeeding financial year ; but only one new ambulance, a long wheel-base model, was received during 1951, and one more ambulance, which on account of its age and condition had become unsuitable for any further use, was sold.

Sitting-case Cars: The number of sitting-case cars in use at the beginning of the year was four less than the authorised establishment of 13, but during the year 6 new cars were added to the fleet as a result of orders placed in earlier years, and the disposal of the two redundant cars is under consideration.

As a result of the additions to the vehicle establishment, it has not been necessary to utilise to the same extent the Sitting-case Car Service which is operated by the Women's Voluntary Services on behalf of the County Council, and while it was anticipated that, when the authorised establishment of vehicles had been reached, it would be possible to dispense with this subsidiary service, the demand for the conveyance of sitting-cases has been so great that it has continued to be used.

Similarly, it has not been found necessary to use as much as formerly the cars which the Robert Jones and Agnes Hunt Orthopaedic Hospital at Oswestry have so willingly made available as occasion requires for the conveyance of sitting-cases.

Establishment of Ambulances and Sitting-case Cars

Depot	Ambulances			Sitting-case Cars		
	Authorised	31st December		Authorised	31st December	
		1950	1951		1950	1951
Shrewsbury ..	14	15	15	6	6	9
Oswestry ..	3	3	3	3	1	3
Whitchurch ..	2	2	2	—	—	—
Market Drayton	2	1	1	—	—	—
Donnington ..	5	5	5	2	1	2
Wenlock ..	1	1	1	—	—	—
Bridgnorth ..	2	2	2	1	1	1
Ludlow ..	3	3	3	1	—	—
Bishop's Castle ..	1	1	1	—	—	—
Retained additional to establishment for Civil Defence purposes ..	—	4	3	—	—	—
TOTAL ..	33	37	36	13	9	15

Personnel.—Particulars are given in the table on page 53 of the personnel, full-time and part-time, employed on operational duties in the County Ambulance Service on 31st December, 1951, and, for purposes of comparison, on 31st December, 1950:—

Establishment of Ambulance Service Personnel

Ambulance Depot	Authorised		31st December, 1950						31st December, 1951					
			Full-time			Part-time			Full-time			Part-time		
	Drivers	Atten- dants	Drivers		Attendants		Drivers		Attendants		Drivers		Attendants	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Shrewsbury ..	19	12	18	4	4	5	1	5	4	5	17	4	1	6
Oswestry ..	3	2	—	—	—	9	8	—	—	—	—	—	8	9
Whitchurch ..	1	1	—	—	—	1	2	—	—	—	—	—	2	1
Market Drayton ..	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Donnington ..	5	4	3	—	—	3	—	—	—	—	3	—	—	3
Wenlock ..	1	1	—	—	—	—	1	—	—	—	—	—	—	—
Bridgnorth ..	1	1	—	—	—	—	—	—	—	—	—	—	1	3
Ludlow ..	3	2	—	—	—	12	16	—	—	—	—	—	15	12
Bishop's Castle ..	1	1	—	—	—	1	2	—	—	—	—	—	—	1
TOTAL ..	35	25	21	4	4	34	30	25	4	5	20	4	22	35

The personnel actually employed (full-time and part-time) can only be compared with the authorised establishment by expressing the part-time personnel in terms of full-time staff employed on a 44-hour week, exclusive of overtime or standby duties, as follows :—

Establishment of Ambulance Service Personnel on 31st December

Year	Full time			Part-time (in terms of full-time)			Total			Authorised	
	Drivers	Attendants		Drivers	Attendants		Drivers	Attendants		Full-time	
	M.	M.	F.	M.	M.	F.	M	M.	F.	Drivers	Attendants
1950	21	4	4	8	2	3	29	6	7	35	25
1951	20	4	5	8	2	4	28	6	9	35	25

Training of Personnel.—The County Council has decided that all members of the Ambulance Service staff, whether employed whole-time or part-time, shall be in possession of a First Aid Certificate, and that refresher courses shall be taken not less frequently than once in two years.

All full-time drivers and attendants have been trained in First Aid, and refresher courses are arranged through the St. John Ambulance Brigade; in addition they have also received supplementary training for Civil Defence purposes.

It is intended that all part-time personnel shall eventually obtain First-Aid Certificates, but that has not hitherto been possible, and has not so far been insisted upon.

Work Performed.—Although the demands upon the Ambulance Service have continued to increase since the “appointed day,” there are indications that the position is becoming stabilised. Progress has been effected in the co-ordination of journeys and the elimination of unnecessary mileage, and the following table shows that, since 1949, the mileage per patient has been reduced by almost 26 per cent.:

Patients Carried and Mileage Covered

Year	Patients	Mileage	Mileage per Patient
1949	21,926	622,045	28.4
1950	30,434	740,559	24.3
1951	34,476	730,124	21.2

Particulars of the work undertaken each month during 1951 by the County Ambulance Service are given in the table on page 58, together with similar particulars in respect of 1950. The distribution of this work between ambulances and sitting-case cars is illustrated in the table below:

Mileages Travelled by Ambulances and Cars

		1951			1950		
		Journey	Patients	Mileage	Journeys	Patients	Mileage
Ambulances ..	..	13,886	20,613	399,382	11,663	18,547	408,260
Sitting-case Cars:—							
County Council ..	..	6,821	10,781	244,508	4,433	7,585	207,168
No. 27 H.M.C. ..	..	451	585	6,222	1,323	1,537	26,768
W.V.S. ..	..	2,001	2,497	80,012	2,395	2,765	98,363
TOTAL ..	..	23,159	34,476	730,124	19,814	30,434	740,559

Arrangements with other Ambulance Authorities.—The County Council have continued to serve parts of adjacent districts in Cheshire, Staffordshire, Denbighshire and Flintshire, in accordance with the agreements made with those Authorities; and arrangements for reciprocal aid in case of emergency in border areas have continued to function satisfactorily.

In any telephone exchange the telephone numbers are displayed of the police, fire and ambulance services to which emergency messages within the area covered by that exchange should be transmitted. The Postmaster-General has stated that, in order to ensure that emergency calls are dealt with rapidly, it is essential that the telephone numbers of these services should be reduced to the absolute minimum—ideally one number for each service throughout the twenty-four hours.

There are of course telephone exchange areas which extend across the border of this County into the ambulance areas of neighbouring authorities, and the policy of the Council in respect of such areas has been to ensure, by arrangement with the counties sharing a common boundary with Salop, that, irrespective of geographical considerations, all emergency ambulance calls from such areas will be dealt with by only one ambulance authority, generally the one having the best means of access to the area, or the greater portion of the population.

Mobile Infant Unit.—The Council's proposals under the National Health Service Act include provision for the care of premature infants, and during 1951 an order was placed for a Mobile Baby Unit with oxygen equipment, of the type used in the Premature Baby Wards of Maternity Hospitals, but specially modified for use in an ambulance, in order to ensure such infants are conveyed to hospital in an enclosed cot in which the temperature, humidity and oxygen supply can be controlled. Delivery of this Unit is, however, still awaited.

National Coal Board.—Consequent upon representations made in 1950 by the National Coal Board, the County Council agreed to provide, under the National Health Service Act, an ambulance service for the Alveley, Lilleshall and Madeley Collieries; and the National Coal Board accordingly discontinued the services which they had themselves previously provided for the transport of their sick and injured workpeople.

In October, 1951, however, the view was expressed by the Minister of Health that, in accordance with the provisions of the Coal Mines Act, 1911, responsibility for the provision of an ambulance service for collieries continued to rest with the National Coal Board; but pending negotiations between the Ministry and the Board regarding the possibility of this work being undertaken by Local Health Authorities on a repayment basis, the County Ambulance Service have continued to serve the collieries in their area.

Cost of Ambulance Service.—The Ministry of Health have recently published a return for the year ended 31st March, 1951, of the work done by, and the cost of, all ambulance services provided by Local Health Authorities under the National Health Service Act, 1946. This return has been compiled by the Ministry from information supplied by these Authorities, to enable them to judge, by comparing particulars of the costs incurred and work done, whether their services are being run in the most efficient and economical way.

In terms of cost per 1,000 of the population, the Ambulance Service in this County is the fifth lowest of the County Councils in England and Wales; and, for purposes of comparison, the statistics which are tabulated below show the cost of this service in that county where it is highest, in that where it is lowest, and the average cost for all Local Health Authorities (Counties and County Boroughs):—

	Service Area		Total Cost	Mileage	Cost per 1,000 Population
	Population	Acreage			
All Authorities	43,871,371	37,709,541	£ 7,394,285	89,217,200	£ 169
Highest	339,999	864,126	93,034	1,522,060	274
Lowest	127,010	528,934	12,695	267,513	100
Salop	298,311	920,074	34,757	735,437	117

Future Development:—

1. Premises:

Central Depot, Shrewsbury.—The Minister of Health has approved the County Council's proposal to build a Central Ambulance Depot in the curtilage of Nearwell, Abbey Foregate, Shrewsbury. Although authority had been given for the work to commence on 1st January, 1952, this was withdrawn and the starting date postponed until 1st July, 1952.

Oswestry Sub-Depot.—This Sub-Depot is at present based on the Robert Jones and Agnes Hunt Orthopaedic Hospital, but, as the accommodation provided is required for hospital purposes, the County Council have asked the permission of the Ministry of Health to transfer this sub-depot to a site owned by the Council, adjoining the Old People's Hostel at Glentworth, Morda Road, Oswestry.

2. *Radio-Telephony.*

With the object of increasing the efficiency of the service, and ultimately of achieving a saving in vehicles and manpower, the County Council have approved in principle a proposal to introduce radio-telephony as a means of ambulance control. The technical problems involved in the installation of two-way radio telephony are at present the subject of investigation.

Expansion of Ambulance Service for Civil Defence Purposes. Progress has been made in the discharge of the County Council's responsibilities under the Civil Defence (Ambulance Service) Regulations, 1949, which are at present limited to the making of plans for the expansion of the peace-time Ambulance Service in the event of war, and to the training of personnel in ambulance duties. These Regulations may be summarised under three heads, and in the event of hostile action, or the threat of hostile action, it will be the duty of a Civil Defence Authority:—

- (1) *to make plans* for the expansion of the Ambulance Service provided under the National Health Service Act, so that it may be available for conveying persons suffering from injury or illness as a consequence of hostile action, and for assisting other local authorities upon whom like responsibilities have been placed;
- (2) *to train*, as Civil Defence ambulance drivers and attendants, those members of the Civil Defence Corps whose services have been made available for ambulance purposes—on the understanding that, for training purposes, the services of such voluntary bodies as the Minister may approve may be utilised by the Civil Defence Authority;
- (3) *to take steps* to ensure that such number of ordinary commercial vehicles as will be required for training will be made available for the purpose.

In order to enable them to carry out these duties, the County Council have been required to designate an officer who will be responsible for the preliminary planning of an expanded ambulance service, and to arrange for him to be assisted by another officer who will be responsible for the detailed organisation of the service and the supervision of the training of the personnel; these duties have been allocated by the County Council to the County Medical Officer of Health and County Ambulance Officer respectively.

Preliminary Planning.—With regard to preliminary planning, the requirements of the Ministry of Health are that it should be proceeded with on the assumption that the expanded ambulance service will function as a single integrated unit, for the conveyance of both war-time casualties and ordinary sick—in other words that the peace-time personnel and the Civil Defence personnel of the ambulance service should function for both purposes as circumstances may require. The Ministry themselves will, however, be responsible for the large-scale transport of patients between hospitals, although the Council's expanded ambulance service might be called upon to help.

As part of the preliminary planning it is of course necessary to give consideration : firstly, to the number of ambulances, and commercial vehicles to be converted into ambulances, which will be needed for the expanded ambulance service, and their location in war-time ; and, secondly, to the number of additional drivers and attendants who will be required to man these vehicles.

Siting of Stations.—As regards the siting of ambulance stations, we are told that they should not be located in the immediate neighbourhood of factories or other installations liable to air attack, that their position should be such as to give ease of access both to the Council's own areas and, doubtless for purposes of mutual aid, to the areas of other authorities; and that in the case of large towns, which are more liable to be target areas, they should be near the periphery.

National Health Service Act, 1946—Section 26

VACCINATION AND IMMUNISATION SERVICE

Section 26 of the National Health Service Act, 1946, requires the County Council, as a Local Health Authority, to make arrangements, in which general medical practitioners may participate, for vaccination against smallpox of persons resident within their area, and also for the immunisation of such persons against diphtheria. The Authority also has permissive powers to make similar arrangements, subject to approval of the Minister of Health, for vaccination or immunisation against any other disease.

Vaccination.—Under the County Council's scheme parents may have their children vaccinated either by a medical practitioner of their own choice in general practice, or by an Assistant County Medical Officer at a County Council Welfare Centre.

Lists of births registered each month are received from the Local Registrars, and a letter with a detachable consent form, for completion and return to the County Medical Officer, is then sent to the parents of the infants whose births have been notified, offering the choice of vaccination by their private medical practitioner or by an Assistant County Medical Officer. Upon receipt of the consent form, appropriate arrangements are made for vaccination to be performed when the infant attains the age of four months. Persons of all ages, adults and children can, however, be vaccinated or re-vaccinated upon request under the County Council's scheme.

The table below gives particulars of persons of all ages who were vaccinated or re-vaccinated during 1951, with corresponding figures for 1950:—

Persons Vaccinated and Re-Vaccinated during 1950 and 1951

	Vaccinated by	Under 1 year		1—4 years		5—14 years		Over 15 years		Total	
		1950	1951	1950	1951	1950	1951	1950	1951	1950	1951
Vaccinations ..	Medical Officers ..	250	258	291	236	24	13	5	6	570	513
	General Practitioners	814	1,084	771	710	74	55	87	163	1,746	2,012
	TOTAL ..	1,064	1,342	1,062	946	98	68	92	169	2,316	2,525
Re-Vaccinations	Medical Officers ..	—	—	1	1	5	4	99	27	105	32
	General Practitioners	—	—	20	7	58	95	477	584	555	686
	TOTAL ..	—	—	21	8	63	99	576	611	660	718

The year 1947 was the last complete year in which vaccination was compulsory under the Vaccination Acts, subject always to "conscientious objection" ; and it is of interest to note that, as a result of the repeal of the Vaccination Acts with the coming into operation of the National Health Service Act on 5th July, 1948, there was an immediate fall in the number of infants vaccinated. The table below gives particulars of infant vaccinations during the years 1947 to 1951 :—

Infant Vaccinations, 1947 to 1951

Year	Live Births	Vaccinations	Percentage
1947	5,538	2,529	46
1948	5,156	1,167	23
1949	4,945	1,664	34
1950	4,669	1,064	23
1951	4,603	1,342	29

Particulars are given in the table on page 64 of the distribution in the areas of the Local Sanitary Authorities within the County of persons vaccinated and re-vaccinated during 1951.

Diphtheria Immunisation—Under the County Council Scheme for Diphtheria Immunisation, parents can have their children immunised either by a medical practitioner of their own choice who is engaged in private practice, or by an Assistant Medical Officer at a County Council School or Welfare Centre.

When a child reaches the age of six months, a circular letter with a detachable consent form is sent to the parents, and upon the return of this form, duly completed, arrangements are made for immunisation of the infant on attaining the age of eight months.

If the parents do not return the consent form, a further communication, stressing the value of immunisation, is sent to them on the day before the infant's first birthday, in the form of a birthday greeting card. In addition, every opportunity is taken by Assistant Medical Officers and Health Visitors, in the course of their duties at Welfare Centres and elsewhere, to advise immunisation against diphtheria in the case of those children who have not been immunised as infants.

The following table gives particulars of children under 5 years of age, and of those between the ages of 5 and 15, who were immunised under the County Council's scheme during 1951, with corresponding figures for 1950:—

Children Immunised against Diphtheria during 1950 and 1951

Immunised by	Under 5 years		5—15 years		Total		Re-inforcing Injections	
	1950	1951	1950	1951	1950	1951	1950	1951
Medical Officers ..	1,288	1,555	155	151	1,443	1,306	1,758	1,554
General Practitioners	1,735	2,187	64	115	1,799	2,302	322	503
TOTAL ..	3,023	3,342	219	266	3,242	3,608	2,080	2,057

A special investigation, which has been carried out by the Ministry of Health, has revealed that of the number of children attaining one year of age in England and Wales during 1951, only 28 per cent. were immunised during that year, compared with a target of 75 per cent. which is the minimum for effective control of this disease.

During 1951, out of a total of 3,342 children under 5 years of age who were immunised against diphtheria in this County, no fewer than 2,613 were under one year of age, the equivalent of 57 per cent. of the children born in that year. Even so, there is need for greater efforts on the part of all concerned, particularly the Health Visitors and District Nurses, to bring home to parents the dangers which are associated with this disease, and the fact that, notwithstanding the very considerable decline in the deaths from diphtheria which has occurred in recent years, only by early immunisation and its maintenance at an adequate level can protection against it be secured. Full information is not available concerning the children who died from diphtheria since immunisation was commenced in 1935, but it can at least be said that the five children in this County who died from diphtheria between 1946 and 1951 had not been immunised.

Set out in a tabular form below is a statement showing the percentage of the child population, of and under compulsory school age, who had been immunised against diphtheria at 31st December of each year from 1948 to 1951—always bearing in mind that immunity is a relative term:—

Percentages of Child Population Immunised against Diphtheria

31st December	Under 5 years	5 to 15 years	Total
1948	51%	67%	61%
1949	52%	73%	65%
1950	52%	76%	67%
1951	52%	77%	68%

The effects of the Immunisation Campaign on the morbidity and mortality rates are demonstrated by the following statistics showing the incidence of diphtheria and the number of death from this disease among persons of all ages in the County during the past seventeen years:—

Notifications of and Deaths from Diphtheria since 1935

	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Notifications ..	233	301	206	185	133	236	237	121	53	25	7	10	17	1	5	2	—
Deaths ..	20	21	7	19	13	11	9	6	6	1	—	2	2	—	1	—	—

The following statistical table gives particulars of the children immunised against diphtheria during 1951, distributed according to their places of residence within the areas of the various Local Sanitary Authorities in the County:—

Children Immunised in the various Sanitary Districts during 1951

Area	Local Sanitary Authority	Children Immunised		Total	Percentage at 31st December		Children given Re-inforcing Injections
		Under 5 years	5—15 years		Under 5 years	5—15 years	
North-West Combined Districts	Ellesmere Urban ..	34	1	35	54.5	96.6	28
	Ellesmere Rural ..	63	36	99	46.2	77.0	115
	Oswestry Borough ..	143	21	164	58.9	98.9	134
	Oswestry Rural ..	205	33	238	49.7	93.6	230
	Wem Urban ..	38	3	41	60.0	90.5	21
	Wem Rural ..	175	26	201	50.4	70.9	145
	Whitchurch Urban ..	72	8	80	44.9	69.6	96
North-East Combined Districts	Dawley Urban ..	94	3	97	59.3	96.7	29
	Market Drayton Urban ..	46	5	51	49.6	99.3	144
	Drayton Rural ..	119	11	130	50.9	79.0	188
	Newport Urban ..	51	3	54	54.0	99.3	30
	Oakengates Urban ..	106	6	112	41.5	63.3	18
	Shifnal Rural ..	126	3	129	49.4	69.5	13
	Wellington Urban ..	134	8	142	45.3	64.7	29
	Wellington Rural ..	260	12	272	47.1	87.6	73
South-West Combined Districts	Atcham Rural ..	301	11	312	60.4	59.6	149
	Bishop's Castle Borough ..	18	1	19	87.0	91.7	13
	Church Stretton Urban ..	34	—	34	55.8	57.0	17
	Clun Rural ..	163	4	167	55.9	63.0	44
	Wenlock Borough ..	150	9	159	48.4	59.9	9
	Ludlow Borough ..	84	4	88	70.0	85.8	61
	Ludlow Rural ..	187	6	193	54.2	66.5	87
Bridgnorth	Bridgnorth Borough ..	63	2	65	54.4	69.8	3
	Bridgnorth Rural ..	161	15	176	44.6	68.8	28
Shrewsbury	Shrewsbury Borough ..	515	35	550	54.8	91.3	353
	WHOLE COUNTY ..	3,342	266	3,608	52.1	77.9	2,057

Propaganda.—Various methods, including advertisements in the press, the issue of leaflets and the display of posters, are used to remind the public of the importance of immunisation against diphtheria, but reliance is placed primarily upon School Nurses, Health Visitors and District Nurses who, if they hear in the course of their duties of children who have not been immunised, are then required to endeavour to obtain the consent of the parents to the immunisation of their children.

Whooping Cough Immunisation.—Prior to 5th July, 1948, the County Council had no scheme for immunisation against whooping cough, as immunisation against this disease on lines similar to those for diphtheria is infinitely less reliable. For that reason it has not so far been advocated in this County, but a demand from the public for immunisation against whooping cough has sprung up in recent years, and in their proposals for an Immunisation Service under the National Health Service Act, the County Council have made arrangements with regard to whooping cough similar to those for immunisation against diphtheria. The immunisation procedure in the case of whooping cough is, however, restricted to those children whose parents make a specific request to have it carried out, but no efforts are made to influence them on the question of whether or not immunisation against this disease should be undertaken.

The following table shows the number of children immunised against whooping cough during 1951, with corresponding figures for 1950:—

Immunised by	Primary Immunisations					
	0—4 years		5—14 years		Total	
	1950	1951	1950	1951	1950	1951
Medical Officers ..	323	258	25	10	348	268
General Practitioners	553	682	49	63	602	745
TOTAL ..	876	940	74	73	950	1,013

Vaccinations Performed during 1951

Area	Local Sanitary Authority	Births Registered	Under 1 year		1—4 years		5—14 years		Over 15 years	
			No.	Vaccinated	Unsuccessful	Vaccinated	Unsuccessful	Vaccinated	Unsuccessful	Unsuccessful
North-West Combined Districts	Ellesmere Urban	34		47.0	—	6	—	2	—	—
	Ellesmere Rural	146	16	24.0	2	19	—	7	3	3
	Oswestry Borough	189	32	16.9	1	38	—	5	—	1
	Oswestry Rural	286	42	14.7	3	44	—	6	—	4
	Wem Urban	40	28	70.0	1	9	—	15	—	6
	Wem Rural	216	81	37.5	6	45	1	32	21	2
	Whitchurch Urban	108	21	19.4	1	21	—	21	—	5
North-East Combined Districts	Dawley Urban	131	25	19.1	15	24	—	—	—	—
	Market Drayton Urban	95	31	32.6	8	30	1	12	1	—
	Drayton Rural	190	59	31.1	1	29	1	11	1	—
	Newport Urban	61	19	31.1	—	15	—	5	2	4
	Oakengates Urban	173	28	16.2	—	14	—	1	—	1
	Shifnal Rural	232	55	23.7	4	51	6	4	—	1
	Wellington Urban	185	43	23.2	6	30	—	3	—	—
	Wellington Rural	377	113	30.0	11	50	1	5	1	2
South-West Combined Districts	Atcham Rural	388	142	36.6	12	109	1	4	—	8
	Bishop's Castle Borough	21	9	42.9	—	6	—	1	—	—
	Church Stretton Urban	27	17	63.0	—	9	—	—	—	—
	Clun Rural	150	75	50.0	4	38	—	2	—	1
	Wenlock Borough	252	55	21.8	—	43	—	5	—	2
	Ludlow Borough	105	40	38.1	6	27	—	5	—	2
	Ludlow Rural	214	91	42.5	13	69	—	5	1	—
Bridgnorth	Bridgnorth Borough	102	24	23.5	6	12	1	2	3	5
	Bridgnorth Rural	220	67	30.5	3	56	—	8	—	—
Shrewsbury	Shrewsbury Borough	661	194	29.3	17	158	3	13	—	6
	TOTAL	4,603	1,342	29.1	120	954	17	167	33	53

National Health Service Act, 1946—Section 29

DOMESTIC HELP SERVICE

Under Section 29 of the National Health Service Act, 1946, a Local Health Authority may arrange for domestic help to be provided for “any person who is ill, an expectant mother, mentally defective, aged, or a child not over compulsory school age.”

The scheme formulated by the County Council for the provision of a Domestic Help Service in this County visualised the opening of fourteen offices to meet the needs of the whole County, and when the National Health Service Act came into operation, four of these offices had already been established. Between July, 1948, and January, 1950, however, five additional offices were opened, but in an endeavour to check the rising cost of the Service it was then decided to defer the opening of further offices, particularly as, in one way or another, requests for domestic help in all but the more remote rural areas of the County could, to a very considerable extent, be met from the existing offices.

Particulars of the Domestic Help Service offices operating within the County on 31st December, 1951, are set out in the following table:—

Centre	Address	Date opened
Shrewsbury ..	13 Princess Street	January, 1947
Ludlow ..	W.V.S. Office, 24 Corve Street*	October, 1947
Church Stretton ..	54 Sandford Avenue	January, 1948
Wellington ..	Edgbaston House, Walker Street	April, 1948
Oswestry ..	Child Welfare Centre, 30 Upper Brook Street	September, 1948
Newport ..	Child Welfare Centre, 127 High Street	January, 1949
Whitchurch ..	Child Welfare Centre, 27 St. Mary's Street	June, 1949
Bridgnorth ..	Child Welfare Centre, Northgate	November, 1949
Market Drayton ..	The Armoury, Shropshire Street	February, 1950

*Transferred to Child Welfare Centre on 1st May, 1952.

Scope of Service.—The purpose of the Service is to provide assistance with housework, shopping and light laundry in the case of the sick, the aged and infirm, and maternity patients. Subject to one or other of these qualifications, the Service is open to all, but it is not available to ordinary householders merely on the grounds that they are in need of domestic help.

Administration.—The Service is administered by the Health Committee of the County Council through a Nursing Sub-Committee, which includes a substantial number of co-opted members.

From the time of its inception, until 1st April, 1952, when, as provided for in the scheme originally submitted to the Minister of Health, the County Council became directly responsible for this Service, it was operated on behalf of the County Council by the Shropshire Branch of the Women's Voluntary Services, under the general administrative direction and control of the County Medical Officer of Health.

Except in the case of Shrewsbury, where two whole-time officers of the County Council are employed, these offices were staffed by voluntary workers, who were responsible for the day-to-day operation of the Service, for the assessment of payments to be made by householders unable to pay the full charge, and for the collection of such payments.

Charges for Domestic Help.—As stated above, householders, if they are in a position to do so, are required to pay, in whole or in part, for the services of home helps. The full charge was originally 1/8d. per hour, but as the operational cost of the Service was found to be somewhere in the region of 2/3d. per hour, the County Council decided to increase this charge to 2/- per hour from 1st April, 1952.

Householders who are unable to pay the full charge have been assessed in accordance with their income by means of a scale of allowances for household expenditure recommended by the County Councils Association. This scale, which was issued in 1948, and was based upon cost of living values now much out-of-date, was found to bear hardly upon the lower-income groups, and was, therefore, adjusted from 1st December, 1951, in the interests of those householders.

Home Helps.—Set out below are particulars of the conditions of service applicable to whole-time and part-time home helps employed by the County Council during the year under review:—

1.—Whole-time:—

Wages: £3 3s. 0d. per week—during the first year of employment.
£3 10s. 0d. per week—during subsequent years.

Hours of Employment: 8-30 a.m. to 5-30 p.m.—from Monday to Friday.
8-30 a.m. to 1 p.m.—on Saturday.

A normal working week consists of 42 hours, but employment outside the hours specified above is paid for at the rate of time-and-a-half from Mondays to Fridays, and at double the normal rate during the week-ends.

Holidays: One week's holiday with pay is allowed during the first year, after six months' service, and two weeks with pay in subsequent years. In addition, six recognised public holidays, or their equivalent, are granted.

Sick Pay: First year: One month on full pay—after two months' service.
One month on full pay and two months on half-pay—after four months' service.
Subsequent years: Two months' full pay and two months' half-pay.

Travelling: 'Bus fares between local office and place of employment, or a bicycle allowance of 5/- per month.

2.—Part-time:—

Wages: 10/- per week retaining fee, plus
1/6d. per hour for all time worked.
Overtime is paid as for a whole-time worker.

Travelling: As for a whole-time worker.

Consequent upon the rising cost of living and the wage increases which have been granted to many other classes of workers, consideration was given during 1951 to a revision of the wages of home helps, which had remained unchanged since the Service was commenced. The County Council, therefore, decided to increase the wages of home helps from 1st January, 1952, as follows:—

Whole-time: £3 10s. 0d. per week during the first year of employment, and £3 13s. 6d. per week during subsequent years.

Part-time: 10/- per week retaining fee, plus 1/8d. per hour.

Particulars are given in the following table of the numbers of home helps (whole-time and part-time) employed by the County Council on 31st December, 1951, with corresponding figures for 1950. It will be observed that the number of whole-time home helps was considerably reduced during 1951, following the adoption by the Council of a policy of employment of part-time workers who, in addition to a retaining fee, are paid by the hour for work performed, in preference to whole-time workers, who receive a standard wage irrespective of whether they are fully employed or otherwise.

Home Helps employed on 31st December, 1950 and 1951

Office	1950			1951		
	Whole-time	Part-time	Total	Whole-time	Part-time	Total
Bridgnorth ..	3	1	4	1	1	2
Church Stretton	5	2	7	1	2	3
Ludlow ..	4	4	8	2	7	9
Market Drayton	2	3	5	3	2	5
Newport ..	—	7	7	—	4	4
Oswestry ..	8	6	14	3	7	10
Shrewsbury ..	27	28	55	19	31	50
Wellington ..	10	12	22	5	15	20
Whitchurch ..	4	9	13	2	10	12
TOTAL ..	63	72	135	36	79	115

Work Performed.—Set out in tabular form below are particulars of the cases attended by Home Helps during 1950 and 1951, from which it will be observed that, although applications for assistance decreased during 1951, the weekly average of homes attended by the home helps was higher than in the previous year:—

Year	Applications	Hours worked by Home Helps	Weekly average of households attended
1950	893	162,438	232
1951	782	157,206	251

Cost of Service.—Particulars are given in the table below of the expenditure incurred by the County Council in the operation of the Service during 1951, and of the income received from persons taking advantage of it, with the corresponding totals for the preceding two years :—

Expenditure and Income—Year ended 31st December, 1951

Centre	Wages and Insurance						Overalls, Rentals, etc.	Total Expenditure						Payments by Householders	Net Cost to County Council	Receipts as % of Expen- diture			
	Whole-time			Part-time															
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	
Bridgnorth ..	402	7	0	31	7	8	27	14	9	461	9	5	113	10	10	347	18	7	24.6
Church Stretton ..	538	0	5	298	18	6	116	3	4	953	2	3	422	3	7	530	18	8	44.3
Ludlow ..	370	16	0	564	4	8	84	13	10	1,019	14	6	200	8	6	819	6	0	19.6
Market Drayton ..	497	15	1	212	4	0	49	8	4	759	7	5	204	13	11	554	13	6	26.9
Newport ..	7	0	9	557	12	10	43	4	10	607	18	5	289	3	7	318	14	10	47.5
Oswestry ..	864	8	9	786	5	7	34	17	10	1,685	12	2	540	8	4	1,145	3	10	32.1
Shrewsbury ..	4,108	7	5	2,831	9	5	256	8	6	7,196	5	4	1,919	14	2	5,276	11	2	26.6
Wellington ..	1,228	1	6	1,286	15	1	170	11	9	2,685	8	4	809	13	3	1,875	15	1	30.1
Whitchurch ..	530	6	7	1,181	16	3	31	16	11	1,743	19	9	436	5	2	1,307	14	7	25.0
TOTAL FOR 1951	8,547	3	6	7,750	14	0	815	0	1	17,112	17	7	4,936	1	4	12,176	16	3	28.8
TOTAL FOR 1950	11,109	0	10	6,006	0	4	1,063	8	0	18,178	9	2	5,618	4	2	12,560	5	0	30.9
TOTAL FOR 1949	8,307	13	5	3,298	1	6	1,066	17	7	12,672	12	6	4,754	5	10	7,918	6	8	37.5

Public Health Act, 1936—Part VI
NURSING HOMES

Registration.—Section 187 of the Public Health Act, 1936, requires the registration of all nursing homes, maternity and other, and the County Council, as Registration Authority, have power to grant exemption from registration in certain cases.

There were no additions to the register during 1951, but one nursing home which had previously been registered for three general cases was re-registered for four such cases.

The following are particulars of Nursing Homes registered for maternity and general cases during 1951, and of the accommodation provided:—

Accommodation provided	Nursing Homes	Beds available
General cases only	2	9
Maternity cases only	2	9
Maternity and General cases ..	9	80
TOTAL ..	13	98

Inspection.—Registered Nursing Homes are visited regularly by the Superintendent Nursing Officer or her Assistants, and an effort is made to visit each Home once in each quarter; thirty-seven inspections were made in 1951.

Nurseries and Child Minders Regulation Act, 1948
REGISTRATION OF DAY NURSERIES AND DAILY MINDERS

Under the provisions of this Act, which came into force on 30th July, 1948, the County Council, as Local Health Authority, are required to register and supervise:—

- (a) *private persons (daily minders)* who receive into their homes, for reward, children under the age of five years to be looked after for the day, or for a longer period not exceeding six days; and
- (b) *premises (day nurseries)* in which children below the upper limit of compulsory school age are looked after, for the day, or for a longer period not exceeding six days.

Registration is not required in the case of hospitals, homes or institutions maintained by Government Departments and Local Authorities, schools and nursery schools supervised by Local Education Authorities, or premises and child minders supervised under Child Life Protection enactments.

The Act empowers the County Council to define requirements which must be complied with:—

- (a) *in the case of day nurseries*, the condition of the premises, the number and qualifications of the staff, equipment, feeding arrangements, medical supervision and records; and
- (b) *in the case of daily minders and day nurseries*, the number of children to be received and the precautions to be taken against the spread of infectious diseases.

After the expiration of a period of three months following the coming into operation of the Act, it became an offence for a child to be received into an unregistered day nursery, or for more than two children from more than one household to be received by an unregistered child minder who is not a relative.

Until the end of 1951, no premises or child minders had been registered by the County Council, and no applications for registration had been received.

National Assistance Act, 1948

WELFARE OF THE BLIND

When the National Assistance Act, 1948, came into operation on 5th July of that year, responsibility for its administration became that of an *ad hoc* committee of the County Council, namely, the Welfare Committee, one of its functions being responsibility for the care of handicapped persons.

Responsibility for the welfare of the Blind, formerly a duty of the Health Committee, under Section 2 of the Blind Persons Act, 1938, passed, therefore, to the Welfare Committee, but the Health Committee have continued to make arrangements for the examination by ophthalmologists of applicants for registration as blind persons.

During 1951, arrangements were made for the examination of 90 such persons, of whom 61 were subsequently registered as blind and 15 as partially sighted.

On 31st December, 1951, the numbers of partially sighted and blind persons included in the Shropshire Register of Blind Persons were as follows:—

Partially Sighted	..	..	..	52
Blind	..	..	..	487
			TOTAL	539

FOOD AND DRUGS ACTS, 1938—1950

Qualitative Sampling of Milk and Other Foods.—Under Section 3 of the Food and Drugs Act, 1938, a person who sells to the prejudice of the public any food or drug, which is not of the nature, substance or quality demanded, is guilty of an offence; and under Section 68 of the Act, an Authorised Officer of a Food and Drugs Authority may procure samples of food and drugs for analysis, with a view to ensuring that the requirements of Section 3 are complied with.

Except in the Borough of Shrewsbury, which is an independent Food and Drugs Authority, the County Council are the responsible authority within the County, and during 1951 their sampling officers obtained 1,153 samples (714 of milk and 439 of other foods). The results of the examinations of these samples are given in the table on page 71.

Analysis of Food and Drug Samples taken in 1951

Description of Samples	Samples taken				
	Total	Formal		Informal	
		Genuine	Non-Genuine	Genuine	Non-Genuine
Milk	714	463	212	20	19
Sausages	6	6	—	—	—
Brawn	1	1	—	—	—
Tinned Fruit	5	5	—	—	—
Tinned Vegetables	17	17	—	—	—
Tinned Meat	13	13	—	—	—
Spices and Flavouring	49	31	—	18	—
Preserves	11	10	1 (a)	—	—
Table Jellies	10	7	1 (b)	2	—
Beverages	13	12	—	1	—
Pudding Mixtures	80	5	1 (c)	36	38
Medicines	10	8	—	1	1
Pastries	1	1	—	—	—
Sandwich Spread	7	6	—	1	—
Suet and Cooking Fat	3	3	—	—	—
Cheese	2	2	—	—	—
Sponge Mixture	48	6	—	29	13
Cake Mixture	49	7	—	25	17
Soups	4	2	—	2	—
Cereals	17	6	—	6	5
Custard Powder	28	3	—	19	6
Blancmange Powder	9	1	—	6	2
Ice Cream	34	33	1 (d)	—	—
Snuff	1	—	—	1	—
Meat Pies	2	2	—	—	—
Fondant	3	1	2 (e)	—	—
Sistant Sun-Choc	1	1	—	—	—
Confectionery	1	1	—	—	—
Dried Milk	2	—	—	—	2
Frizels	1	—	—	1	—
Fish Cake	1	—	—	1	—
Sauce	4	3	—	1	—
Fish	1	1	—	—	—
Cream Whip	1	1	—	—	—
Potato Crisps	1	—	—	1	—
Sugar	1	—	—	1	—
Milk Whipping Compound	1	1	—	—	—
Synthetic Cream	1	1	—	—	—
TOTAL	1,153	660	218	172	103

Milk.—It will be observed from the preceding table that, of the formal samples of milk submitted for analysis, 212 were found to be non-genuine.

Of these 212 samples:—

147 were only slightly deficient in solids-not-fat, and the vendors concerned were notified;

28 were slightly deficient in fat, and warning letters were sent to the vendors in these cases;

1 was found to contain sediment and legal proceedings were consequently instituted against the producer: and

36 which were appreciably below the legally prescribed standards were, therefore, followed up by “appeal-to-the-cow” samples.

In 23 cases the “appeal-to-the-cow” samples corresponded so closely to the original formal samples that the latter were considered to have been genuine; but in 13 cases, as the “appeal” samples were appreciably above the legal standards, the original samples were considered to have been adulterated, and legal proceedings were instituted against the producers concerned.

The table below gives particulars of the legal proceedings referred to above, and these resulted in fines totalling £39 being imposed upon the producers concerned, and costs totalling £24 9s. 0d. being allowed to the County Council.

Non-Genuine Milk Samples—Legal Proceedings

Case No.	Magistrates' Court	Analysis of Sample	Court Findings	
			Fine	Costs
			£ s. d.	£ s. d.
1	Pontesbury ..	1. 5% added water 2. 5% added water	5 0 0 5 0 0	} Inclusive of costs
2	Pontesbury ..	6 parts of sediment per 100,000 parts of milk	10 0 0	
3	Pontesbury ..	Deficient of 7% Fat	2 0 0	Inclusive of costs
4	Whitchurch ..	Deficient of 10% Fat	1 0 0	3 3 0
5	Shrewsbury ..	1. 10% added water 2. 8% added water 3. 12% added water	2 0 0 2 0 0 2 0 0	} 5 5 0
6	Market Drayton	Deficient of 30% Fat	5 0 0	
7	Pontesbury ..	Deficient of 17% Fat	Case proved. Discharged on payment of costs	4 0
8	Pontesbury ..	Deficient of 10% Fat	Case proved. Discharged on payment of costs	4 0
9	Bridgnorth ..	Deficient of 17% Fat	2 0 0	5 5 0
10	Pontesbury ..	Deficient of 8% Fat	1 0 0	7 5 0
11	Ludlow ..	10% added water	2 0 0	—

Other Foods.—The following particulars indicate the action taken in respect of the 6 formal samples of foods other than milk, referred to in the table on page 71, which were found on analysis to be non-genuine:—

Sample	Analyst's Report	Action taken
(a) Lemon cheese	Deficient of 1.7% fat	Firm went into liquidation before action could be taken.
(b) Table jelly ..	Deficient of 14% sugar	The manufacturers were required by the Ministry of Food to amend their formula.
(c) Batter mixture	Infested with live mites	Remaining stocks, amounting to 5 lb., were surrendered.
(d) Ice cream ..	Deficient of 1% fat	Producer warned
(e) Dutch white fondant	(1) 6.5% deficient in sugar. Slightly deficient in glucose. 5.8% excess moisture ..	Referred to the Labelling Division, Ministry of Food, for appropriate action.
	(2) 6% deficient in sugar. 5% excess moisture	

Ice Cream.—By the issue of Circular M.F.3/49, the Ministry of Food permitted an increased allocation of sugar and fat to all ice cream manufacturers who signed an undertaking to produce ice cream with a minimum fat content of $2\frac{1}{2}$ per cent.; and all Food and Drugs Authorities were asked to co-operate with the Ministry by reporting cases where manufacturers in receipt of additional supplies of sugar and fat failed to comply with this requirement. There was then no fixed legal standard of composition for ice cream, and legal proceedings were not advised by the Ministry of Food in the case of manufacturers who failed to comply with this standard, but in such circumstances the manufacturers concerned forfeited their supplementary supplies of sugar and fat.

On 1st March, 1951, by the issue of Circular M.F.1/51, which superseded Circular M.F. 3/49 (referred to above), the Ministry of Food prescribed a legal standard for *ordinary ice cream* of at least 5 per cent. fat, 10 per cent. sugar and $7\frac{1}{2}$ per cent. milk solids other than fat; and for *ice cream containing fruit*, a minimum content of $7\frac{1}{2}$ per cent. fat, 10 per cent. sugar and 2 per cent. milk solids-not-fat, but having a total content of these constituents, including the fruit, fruit pulp or fruit puree, as the case may be, of not less than 25 per cent.

During the first two months of 1951, when Circular M.F.3/49 was still in force, no samples of ice cream were taken.

During the remainder of the year, however, a total of 33 samples were taken, one of which proved to be below standard in fat content. The manufacturer concerned was warned, and subsequent samples proved to be up to the required standard.

Tuberculous Milk.—The County Council are responsible (other than in Shrewsbury) for the enforcement of Section 25 of the Food and Drugs Act, 1938, which prohibits the sale for human consumption of milk known to have been obtained from cows suffering from tuberculosis. The herds from which positive samples are obtained are examined by the Veterinary Staff of the Ministry of Agriculture and Fisheries, and the offending animals are dealt with under the Tuberculosis Order.

Notifications from other Authorities.—When notification is received from the Medical Officer of Health of a neighbouring County that, as a result of biological sampling, the presence of living tubercle bacilli has been ascertained in milk produced in this County, the herd involved is similarly investigated.

Notifications received from other Authorities

Designation of Milk	Herds involved	Cows dealt with under Tuberculosis Order
Pasteurised	—	—
Tuberculin Tested	—	—
Accredited	2	1
Undesignated	9	8
TOTAL	11	9

Public Supplies.—For biological examination for tubercle bacilli, samples of milk, designated and undesignated, retailed directly to the public or supplied in bulk to creameries, are obtained as occasion permits by sampling officers of the County Council.

Examination of Milk (Public Supplies)

Designation of Milk	Total Samples	Positive	Negative	Cows dealt with under Tuberculosis Order
Tuberculin Tested	32	—	32	—
Pasteurised	3	—	3	—
Accredited	22	1	21	—
Undesignated	154	9	145	7
TOTAL	211	10	201	7

School Supplies.—Samples of milk supplied to schools are also obtained twice yearly for examination of tubercle bacilli.

Examination of Milk (School Supplies)

Designation of Milk	Total Samples	Positive	Negative	Cows dealt with under Tuberculosis Order
Tuberculin Tested	27	—	27	—
Pasteurised	14	—	14	—
Accredited	7	1	6	1
Undesignated	11	—	11	—
TOTAL	59	1	58	1

Milk in Schools Scheme.—Wherever possible, approval of milk supplied to schools is restricted to that designated either as “Tuberculin Tested” or “Pasteurised.” Should one of these grades not be obtainable, approval is given to an “Accredited” milk, but in the case of a few schools, where milk even of the “Accredited” standard is unobtainable, an undesignated milk is approved, provided that samples of the milk comply with “Accredited” milk bacteriological standards, and that the premises and methods of production are reasonably satisfactory. These matters are investigated by the County Sanitary Inspector before approval is given, albeit with great reluctance, to the supply of an undesignated milk to school children.

The following are particulars of the numbers of School Departments in the County receiving liquid milk and of the grades of milk supplied during 1951:

<i>Grade of Milk</i>				<i>Departments</i>
Pasteurised	..	..	..	247
Tuberculin Tested	..	..	..	76
Accredited	..	..	..	4
Undesignated	..	..	..	5
TOTAL				332

During 1951, dried milk was supplied to pupils at one school. At another school there was no milk supply, either liquid or dried.

On the 9th May, 1951, a census was taken which showed that, on that date, when there were 40,605 pupils in attendance at maintained schools in the County, 28,045 or 68.3 per cent. of these pupils received liquid milk under the Milk in Schools Scheme. This percentage is considerably lower than the figure of 82 per cent. in the previous year, due to the fact that there was a national milk shortage at the time that the census was taken.

Examination of School Milk Supplies.—Samples of all school milk supplies are examined for cleanliness and keeping quality, as far as possible not less frequently than four times a year, irrespective of whether they are obtained from designated or undesignated milk producers; and the following table summarises the results of the examination of samples taken during 1951:—

Bacteriological Examination of School Milk

Designation			Satisfactory		Unsatisfactory	
			No.	%	No.	%
Tuberculin Tested	..	165	149	90	16	10
Pasteurised	..	156	145	92	11	8
Accredited	..	14	11	78	3	22
Undesignated	..	19	15	79	4	21
TOTAL			320	90	34	10

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.—With the coming into operation on 1st October, 1949, of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, the County Council, as Food and Drugs Authority for the County (other than the Borough of Shrewsbury, which is an independent authority for the purposes of the Food and Drugs Act), became responsible for the licensing of premises used for the pasteurisation and sterilisation of milk, a function which, in so far as it relates to pasteurising establishments, had before that date been exercised by the District Councils.

Sterilised Milk.—No licences for the sterilisation of milk have yet been issued in respect of premises in this County.

Pasteurised Milk.—On 1st January, 1951, licences in respect of ten pasteurising establishments were renewed by the County Council. During the year one licence was surrendered, and three new applications for licences authorising the pasteurisation of milk were received. After inspection of the establishments concerned by the County Sanitary Inspector, these licences were granted, and at the end of the year 12 licences were in force.

All such establishments are visited fortnightly by the County Sanitary Inspector or other Officers of the Council, when the methods of production and equipment are checked, and samples of milk are obtained for routine examination. Such samples are submitted to a methylene blue colour test in order to determine the keeping quality of the milk, and to a phosphatase test in order to determine whether heat treatment has been properly carried out, or whether, after such treatment, the milk has been “contaminated” by the addition of raw milk.

In the case of those establishments at which the milk is bottled, tests for sterility are carried out at frequent intervals, bottles being obtained direct from the bottle-washing machines and sent to the Public Health Laboratory for examination.

Particulars are given in the table below of the results of examination of milk samples obtained during 1951 from pasteurising establishments licensed by the County Council, together with corresponding figures for 1950:—

Year	Licensed Establishments at 31st December	Samples	Methylene Blue Test		Phosphatase Test	
			Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
1950	10	262	262	—	258	4
1951	12	301	300	1	292	9

HOUSING

The administration of the various Housing Acts is the responsibility of the District Councils, the County Council's functions being mainly supervisory.

Housing Act, 1936.—Under Section 88 of this Act, it is a special duty of the County Council to have constant regard to the housing conditions within the Rural Districts, and to obtain, at intervals of not less than one year, information regarding conditions of, and progress in, housing in these Districts, through the medium of returns to be supplied by the District Councils.

Under Section 115 of this Act, it was, *prior to the 1st January, 1939*, the duty of the County Council to contribute to *Rural District Councils* £1 per house for a period of 40 years in respect of each new house built to provide accommodation for the agricultural population; but *since that date*, the payments which the County Council are required to make have been modified, as indicated below, by the Housing (Financial Provisions) Act, 1938, and the Housing (Financial and Miscellaneous Provisions) Act, 1946.

Housing (Financial Provisions) Act, 1938.—This Act amends the provisions contained in earlier legislation relating to the payment of exchequer contributions to all housing authorities, and extends the liability of County Councils to pay contributions to all such authorities in the circumstances referred to below.

Under Section 1 of this Act, the Minister is required to pay, in respect of each house completed by *any* Council of a County District *after 31st December, 1939, and before 18th April, 1946*, and approved by him for the purposes of the Act, an annual contribution for 40 years of £5 10s. 0d.; but in Districts *where the rents are substantially less than the average*, and where the provision of such accommodation is likely to place an undue financial burden on the District, the Minister may, at his discretion, increase the exchequer contribution to £6 10s. 0d. per house.

Under Section 2 of this Act, the Minister is required to make, in respect of each house provided as accommodation *for the agricultural population*, an annual contribution of £10 per house for 40 years.

Under Section 7 of this Act, the County Council are required to make a contribution of £1 per house for 40 years in respect of each house for which the housing authority receives an exchequer contribution of either £6 10s. 0d. under Section 1, or £10 under Section 2.

Houses *completed after the 18th April, 1946*, however, now rank for the payment of increased contributions in accordance with the provisions of the Housing (Financial and Miscellaneous Provisions) Act, 1946; and in special circumstances certain houses, *completed before that date but not earlier than 31st December, 1939*, may also rank for these increased payments.

Note: The Minister may, when the cost of providing such accommodation is high, increase his contributions of £10 per house under Section 2, to a maximum of £12 per annum, in which case the annual payment by the County Council is increased by an equal amount.

Housing (Financial and Miscellaneous Provisions) Act, 1946.—Under Section 1 of this Act, the Minister of Health is required to make, in respect of each new house completed *after the 18th April, 1946*, by a housing authority in discharge of their functions, an annual grant of £16 10s. 0d. for 60 years.

Under Section 3 of the Act, in respect of each house provided by way of accommodation *for the agricultural population*, an annual exchequer contribution of £25 10s. 0d. per house is payable at the discretion of the Minister to the Housing Authority for a like period; and, upon application by the Housing Authority, the Minister may, again at his discretion, pay a similar contribution in respect of *other houses* provided by the Authority, where the rents are substantially lower than the average and the provision of such accommodation is likely to place an undue financial burden upon the District.

Under Section 8 of this Act, where exchequer contributions are paid at the higher rate under Section 3, the County Council are required to contribute £1 10s. 0d. per house per annum to the authority for 60 years.

Section 10 of this Act also enables the Minister, in respect of houses completed *during the war years*, to increase any Exchequer contributions payable by him under the Act of 1938, to the equivalent of contributions payable under Sections 2 and 3 of the Act of 1946. In such cases, the contributions payable by the County Council are then increased from £1 for 40 years to £1 10s. 0d. for 60 years.

Grants paid by the County Council up to 31st December, 1951, under the Housing Acts, 1936-46

District	Houses eligible for Grants	Grants	
		Paid in 1951	Total
		£	£
Atcham Rural ..	.. 134	183	895
Bridgnorth Rural ..	.. 39	62	224
Clun Rural ..	.. 80	100	790
Dawley Urban ..	.. 108	265	391
Drayton Rural ..	.. 78	96	705
Ellesmere Rural ..	.. 109	131	1,032
Ludlow Rural ..	.. 24	36	204
Oswestry Rural ..	.. 50	69	430
Shifnal Rural ..	.. 20	30	108
Wellington Rural ..	.. 72	91	751
Wem Rural ..	.. 33	85	85
Wenlock Borough ..	.. 10	12	117
TOTAL	.. 757	1,160	5,732

Small Dwellings Acquisition Acts, 1899—1923.—Under the provisions of the Small Dwellings Acquisition Acts, a Local Authority is authorised to advance money to enable any person to purchase a house in which he resides or intends to reside. The maximum advance permissible, which is repayable within a period of up to thirty years at a rate of interest of one-quarter per cent. in excess of the current rate chargeable on Treasury loans, is ninety per cent. of the ascertained market value of the house, which, for the purpose of the Acts, may not exceed £5,000 ; the maximum advance which a Local Authority can make is, therefore, £4,500.

For the purpose of these Acts, the term “Local Authority” is defined as “the Council of any County or County Borough,” but any Local Authority is permitted to administer these Acts, to the exclusion of the County Council. In the case of a District having a population of less than 10,000 according to the last census, however, the consent of the County Council to such an arrangement is necessary.

The following are the Authorities within the County who, in addition to the County Council, administer the Small Dwellings Acquisition Acts :—

Church Stretton Urban District Council
 Ludlow Rural District Council
 Newport Urban District Council
 Shrewsbury Borough Council
 Wellington Rural District Council
 Wenlock Borough Council

The table below gives particulars of the number of applications for advances made to the County Council under these Acts during the years 1949 to 1951, and of those in which advances have been approved :—

Year	Applications submitted	Advances granted
1949	4	4
1950	9	9
1951	23	21

SANITARY CIRCUMSTANCES IN THE COUNTY

In accordance with the decision of the Public Health and Housing Committee in December, 1943, that fuller information regarding the sanitary circumstances in the various County Districts, and in the County as a whole, should be made available to them, the District Medical Officers of Health are requested annually to complete questionnaires relating to Water Supplies, Sewerage and Housing. The information supplied by the District Medical Officers of Health relative to the years 1950 and 1951 has been summarised, in respect of Water and Sewage, in tabular form below and, in respect of Housing, on page 80.

Water and Sewage—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District		Water Supplies		Sewage Disposal	
			Piped and Stand Pipe Supplies		Connected to Public Sewers	
	1950	1951	1950	1951	1950	1951
Dr. Dickson (Retired 31st December, 1951)						
Bridgnorth Borough	1,880	1,938	1,873	1,933	1,796	1,853
Bridgnorth Rural	—	3,650	—	1,143	—	501
Dr. Evans						
Oswestry Borough	3,116	3,240	3,116	3,174	2,986	3,045
Ellesmere Urban	692	699	692	696	680	687
Wem Urban	744	759	740	755	710	724
Whitchurch Urban	1,988	2,047	1,889	1,957	1,882	1,897
Ellesmere Rural	1,904	1,937	407	404	26	22
Oswestry Rural	4,682	4,713	2,561	2,646	1,386	1,449
Wem Rural	3,110	3,164	221	460	Nil	Nil
Dr. Gregory						
Bishop's Castle Borough	417	417	385	385	375	375
Ludlow Borough	1,742	1,767	*1,741	1,766	1,698	1,724
Wenlock Borough	4,552	4,367	*3,650	3,720	2,292	2,368
Church Stretton Urban	795	799	550	554	581	594
Atcham Rural	5,847	5,884	1,770	1,968	*900	937
Clun Rural	2,970	2,990	1,490	1,510	—	Nil
Ludlow Rural	4,056	4,099	2,166	—	*564	589
Dr. Stewart						
Dawley Urban	2,418	2,448	—	—	*934	*972
Market Drayton Urban	1,619	1,619	1,704	1,616	1,448	1,462
Newport Urban	1,055	1,065	1,055	1,064	1,032	1,042
Oakengates Urban	3,331	3,357	3,331	3,357	2,750	2,768
Wellington Urban	3,104	3,157	3,104	3,148	3,065	3,118
Drayton Rural	2,469	2,513	853	912	236	305
Shifnal Rural	2,941	2,987	2,212	2,268	1,646	1,697
Wellington Rural	6,048	6,118	4,212	4,439	3,212	3,316
Dr. Symons (deceased 27th August, 1951)						
Dr. Hay (temp. appointment 12th Nov., 1951)						
Shrewsbury Borough	—	12,705	—	12,629	—	12,258

— Figures not received

* Approximate figures

Housing—Summary of Answers to Questionnaires

Medical Officer and District	Popu- lation (1951) (Census)	Houses in District		Fit		In need of Minor Repairs		For Reconditioning		For Demolition		For Replacement		Erected † during	
		1950	1951	1950	1951	1950	1951	1950	1951	1950	1951	1950	1951	1950	1951
Dr. Dickson Bridgnorth B. . . Bridgnorth R. . .	6,244 16,166	1,880 —	1,938 3,650	1,550 —	1,608 1,752	— —	— 952	54 —	54 673	276 —	276 273	§400 —	360 304	46 —	58 15
Dr. Evans Oswestry B. . . Ellesmere U. . . Wem U. . . Whitchurch U. . . Ellesmere R. . . Oswestry R. . . Wem R. . .	10,713 2,159 2,410 6,856 8,635 20,786 12,044	3,116 692 744 1,988 1,904 4,682 3,110	3,240 699 759 2,047 1,937 4,713 3,164	2,366 383 557 §1,005 §947 2,295 1,234	2,426 464 573 1,097 §1,013 2,326 1,292	§350 §239 112 §600 §487 §1,736 1,307	§390 165 111 §600 §454 §1,736 1,303	§150 30 25 §150 §320 207 493	§174 §30 25 §150 §320 207 493	§250 40 50 §200 §150 444 76	§250 40 50 §200 §150 444 76	§300 49 76 §233 §164 §473 139	§300 49 76 §233 §164 §473 139	28 31 24 28 28 37 126	60 4 15 15 52 88 58
Dr. Gregory Bishop's Castle B. Ludlow B. . . Wenlock B. . . Church Stretton U. Atcham R. . . Clun R. . . Ludlow R. . .	1,291 6,455 15,093 2,580 21,274 9,764 13,946	417 1,742 4,552 795 5,847 2,970 4,056	417 1,767 4,367 799 5,884 2,990 4,099	— — — — — — 380	* * * * * * 380	— — — — — — —	* * * * * * o308	* * * * * * *	* * * * * * o307	* * * * * * *	* * * * * * o120	* * * * * * 300	* * * * * * 300	1 26 80 17 99 6 31	NIL 25 70 4 37 20 43
Dr. Stewart Dawley U. . . Market Drayton U. Newport U. . . Oakengates U. . . Wellington U. . . Drayton R. . . Shifnal R. . . Wellington R. . .	8,369 5,638 3,744 11,659 11,412 10,623 13,534 23,523	2,418 1,619 1,055 3,331 3,104 2,469 2,941 6,048	2,448 1,619 1,065 3,357 3,157 2,513 2,987 6,118	* 1,058 806 1,825 2,061 508 1,269 3,531	1,430 1,086 505 1,851 2,123 538 1,331 3,607	* 372 §33 240 372 949 716 942	* 350 §56 220 372 967 726 942	* 106 §87 566 456 802 737 880	* 103 §70 586 456 799 712 880	§661 83 §129 700 215 211 219 695	§661 80 §134 700 206 209 218 689	§937 200 §140 977 315 211 186 700	§937 200 §150 977 306 209 230 701	32 28 2 77 68 54 44 56	30 NIL 10 26 62 45 62 79
Dr. Symons (deceased) Dr. Hay Shrewsbury B. . .	44,926	—	12,705	—	—	—	—	—	—	—	850	—	—	—	263

— Figures not received

§ Estimated figures

† Includes permanent and temporary houses

ø Housing Survey, 1945

SURFACE WATER DRAINAGE IN EAST SHROPSHIRE

Within recent years, there have been several instances of serious flooding in industrial areas in the eastern portion of the County, occasioned by the collapse or blocking of culverts carrying streams under pitmounds or spoilbanks.

The problem of surface water drainage in East Shropshire first became apparant in 1931 in relation to the Madeley culvert, the history of which is as follows:—

All surface and subsoil waters from the agricultural land in the southern portion of the Dawley Urban District and the whole of the parish of Madeley in the Borough of Wenlock, together with the final effluents of the Dawley and Madeley sewage disposal works, are conveyed by means of an unnamed stream, which also receives the overflow water from an adjacent disused portion of the Shropshire Union Canal. This stream flows for a distance of over one and a half miles to a point where it enters a culvert, some two-thirds of a mile in length, through which it passes before discharging into the River Severn. Over practically the whole length of its course the culvert is covered by an immense amount of waste material, deposited in successive layers from local mineworkings, and varying in depth from 40 to 80 feet.

In 1931 this culvert collapsed, due to the weight of the overlaying spoil material, and this resulted in very serious flooding in the Madeley area (population 8,121), the flood water covering some 20 to 30 acres of agricultural land, including the site of the present Madeley sewage disposal works. In order to facilitate repair work to the culvert, and to deal with the flow of the stream and flood water, the Wenlock Borough Council were compelled to pump the flood water into the adjacent disused portion of the Shropshire Union Canal.

Part of this repair work was undertaken by the owners of the culvert, a local firm of tile manufacturers, who later requested the Wenlock Borough Council to meet the cost of the work which they had carried out. The Borough Council refused to accept responsibility, and as a result were sued in the Chancery Court, where it was ruled upon the evidence submitted that this culvert was a sewer and was therefore vested in the Local Authority. As a result of this decision the Wenlock Borough Council lodged an appeal which was heard before five Judges in the Appeal Court, who decided that the culvert was not a sewer, thus reversing the decision of the Chancery Court. This decision was later upheld by the House of Lords, and the then owners of the culvert, being unable to meet their liabilities, went into liquidation, with the result that it reverted to the Crown, who, under a provision of the Companies Act, 1947, succeeded in disclaiming responsibility for the culvert. There is, therefore, at the present time the anomalous position that no-one appears to be legally responsible for the culvert.

With a view to considering the formulation of remedial measures, and in order to assist the County Council in assessing the magnitude of the problem in East Shropshire, the County Surveyor, in April, 1950, compiled a comprehensive report describing twenty-one culverted areas, in thirteen of which a major emergency would result in the event of the culvert collapsing or being obstructed with debris. In May, 1950, the County Council therefore decided:—

- (a) that the whole question be submitted to the County Councils Association with a view to representations being made to His Majesty's Government for the matter to be dealt with by legislation providing for adequate Exchequer aid;
- (b) that the attention of District Councils be drawn to the need for water courses to be examined by their staff with a view to requiring the landowners concerned to carry out such remedial measures as might be necessary;
- (c) that District Councils be urged to formulate, in conjunction with technical officers of the County Council, measures for dealing with any emergency which might arise in this connection;

- (d) that a special Sub-Committee of the County Council be formed to confer with the various District Councils concerned in East Shropshire; and
- (e) that the District Councils be urged to raise the matter with the Association of Municipal Corporations, the Urban District Councils Association and the Rural District Councils Association, upon the same lines as the representations submitted by the County Council to the County Councils Association.

In July, 1950, the Sub-Committee of the County Council, referred to in (d) above, conferred with representatives of the various Local Authorities in East Shropshire, and a policy based upon the decisions of the County Council was agreed.

Representations were subsequently made by the County Council to the County Councils Association, who decided that consideration of the matter be deferred pending an approach by the other Associations of Local Authorities with regard to this problem; and a Sub-Committee of the Public Health Committee of the County Councils Association was formed to discuss the matter with the other Associations concerned.

As a result of these discussions, the Associations of Local Authorities recommended that the cost of putting culverted water courses into good condition should be borne by the Central Government, and that responsibility for their subsequent maintenance should rest with the appropriate River Board in cases where the undermentioned circumstances prevail :—

- (i) the owner of the land is unknown or cannot be found, or
- (ii) the trustee in bankruptcy has disclaimed, or
- (iii) ownership is disclaimed by the Crown.

At the same time, the Associations also considered a report of the Land Drainage Legislation Sub-Committee of the Central Advisory Water Committee, which recommends that water courses should become the responsibility of the River Boards, subject, it was suggested, to such water courses being in a reasonably good condition when taken over.

Representations have, therefore, been made by the Associations of Local Authorities to the Minister of Housing and Local Government, recommending that, in any legislation which might be promoted to give effect to the recommendations of the Land Drainage Legislation Sub-Committee, the Minister should include provisions on the lines mentioned in (i) to (iii) above.

The Minister has since stated that detailed proposals for the submission to Parliament of a Bill to amend the existing legislation relating to land drainage are still some way off, but that he will be prepared, at a later date, to consider this question in connection with any legislation which may be prepared.

SAMPLING OF EFFLUENTS FROM SEWAGE DISPOSAL WORKS AND WATER COURSES IN THE COUNTY

During the year 1950, the sampling of effluents from sewage disposal works in the County was undertaken by Sanitary Officers of the County Council, and the results of the County Analyst's examination of these samples were notified to the District Councils concerned, and also to the Clerk of the Severn River Board.

At the beginning of April, 1951, the Severn River Board, within whose area of jurisdiction the major portion of the County is situated, established a laboratory of their own for the examination of samples of sewage effluents, and commenced a comprehensive survey of rivers within their area, including the sampling of all sewage and trade effluents. It was no longer necessary, therefore, for routine sewage samples to be obtained by County Council sampling officers, but the Severn River Board agreed to supply the County Medical Officer of Health with copies of the analytical reports on all river water, trade and sewage effluents obtained by their sampling officers as and when they become available.

The findings of the Board's Analyst upon the samples of sewage effluents obtained in this County during 1951 are summarised in the following table :—

Particulars of the results of the analyses of samples of Sewage Effluents taken by Inspectors of the Severn River Board during 1951

District	Location of Sewage Works	Date of Sampling	Observations of Analyst
ATCHAM RURAL	Pontesbury ..	2nd May ..	Works in poor state of repair. Suspended solids excessive, and the liquor has a high oxygen absorbing effect on the stream.
	Bomere Heath ..	4th June ..	An unusually strong domestic sewage requiring full treatment before discharge to a water course.
	Montford Bridge	4th June ..	A partially treated sewage, quite unfit for discharge to a water course.
	Yeaton Pevery Girls' School	4th June ..	This effluent is stronger than some domestic sewages, and is quite unfit for discharge into the river.
	Ford	12th June ..	A well nitrated effluent; suspended matter a little high.
DAWLEY URBAN	Dawley	2nd October	The effluent is very well nitrified. If the suspended solids were reduced by more frequent desludging of the humus tanks, each one at least monthly, the effluent would be well within Royal Commission Standards for a dilution factor of 8 to 1.
	Dawley	2nd October	This sample is similar to the foregoing one but the suspended matter is even higher. Although its removal would produce an effluent usually considered satisfactory, the very small dilution available should be borne in mind.
ELLESMERE URBAN	Newnes Brook ..	3rd October	The suspended solids are excessive, but with regular maintenance the effluent would probably be satisfactory.
	Wharf Meadow	3rd October	This effluent cannot be regarded as satisfactory, but reduction of the suspended solids would bring it within Royal Commission Standards.
OSWESTRY BOROUGH	Oswestry Sewage Farm	20th June ..	The suspended solids are spoiling this effluent; either the humus tanks are overloaded or they require more frequent desludging.

WATER SUPPLIES

Public Health Act, 1936.—The table on page 86 gives particulars of the grants which have been *paid or promised* by the County Council under Section 307 of the Public Health Act, 1936.

It will be noted that, up to the end of 1951, the actual or estimated cost of these schemes amounted to £146,014, and that the grants promised by the County Council amounted to a possible total of £48,123.

Newport Urban District.—In December, 1950, an application for a grant from the County Council under the Act of 1936 was submitted by the Newport Urban District Council in respect of a scheme for augmenting the existing water supply and reservoir storage facilities for the Urban District, at an estimated cost of £29,400.

Consideration of this scheme was, however, deferred pending an investigation by the County Council's Consultant Water Engineer into the possibilities of a bulk supply of water being afforded by the East Shropshire Water Board. As a result of this investigation, the County Council, in June, 1951, approved the scheme as originally submitted by the District Council, but did not then make any decision in the matter of grant.

Rural Water Supplies and Sewerage Act, 1944.—Under this Act, a sum of £15,000,000 was placed at the disposal of the Minister of Health to assist Local Authorities in the provision or improvement of water supplies and sewage disposal facilities in rural areas.

Where the Minister undertakes to make contributions under this Act towards the cost of schemes of Local Authorities, the County Council are required, by Section 2 of the Act, to contribute towards the cost.

Particulars of grants in respect of water supply schemes, which were *paid or promised* by the County Council under this Act up to the end of 1951, are given in the table on page 87.

Note: Particulars of water supply schemes in respect of which applications for grants were received from District Councils up to the end of 1951, but upon which the County Council *had made no decision*, are given in the tables on pages 88 and 89.

It will be noted from these tables that, although no decision was made in the matter of grant, the capital cost of these various schemes amounted to a total of £2,679,967.

SEWERAGE AND SEWAGE DISPOSAL

Public Health Act, 1936.—Particulars of the grants which have been *paid or promised* by the County Council to District Councils under Section 307 of the Public Health Act, 1936, are given in the table on page 90.

Bridgnorth Borough.—In September, 1951, an application was submitted by the Bridgnorth Town Council for a grant from the County Council towards the cost of minor extensions to the public sewers in two areas of the town of Bridgnorth, which were estimated at £1,435.

In view of the limited cost of this scheme, and the fact that it would result in only a very slight increase in the rates, the County Council decided not to make any grant towards the cost.

The tabular statement below gives particulars of sewage disposal schemes submitted for grant purposes by District Councils upon which the County Council, at the end of 1951, *had made no decision* in the matter of grant :—

District	Description of Scheme	Estimated Cost
		£
Oakengates U.	Priority portions of a comprehensive scheme for the re-sewering of the Urban District and the construction of new sewage disposal works ..	41,000
Wem U. ..	For the extension and improvement of sewerage and sewage disposal facilities in Wem	10,900

Rural Water Supplies and Sewerage Act, 1944.—By the end of 1951, grants under this Act had been *paid or promised* by the County Council in respect of three sewage disposal schemes, particulars of which are contained in the following table :—

Rural District	Scheme	Scope of Scheme		Estimated Capital Cost	Exchequer Grant	County Council Grant		
		Properties	Inhabitants			Annual Maximum	Period (years)	Paid to 31/12/51
Atcham ..	Cross Houses	123	580	£ 17,590	£ 8,750	£ 393	30	£ 276
Drayton ..	Hodnet ..	124	1,521	14,220	2,400	152	30	—
Ludlow ..	Cleobury Mortimer	285	1,140	32,000	14,000	288	30	462

Particulars of sewage disposal schemes, submitted by District Councils for grant purposes under this Act, but upon which the County Council, by the end of 1951, *had made no decision* in the matter of grant, are given in the table on page 91, from which it will be observed that the capital cost of these schemes amounted to a total of £397,871.

Public Health Act, 1936

Water Supply Schemes—Grants paid or promised by the County Council

District	Scheme	Approved by C.C.	Scope of Scheme		Esti- mated Cost	Ministry Grant	Loan		Annual Charges		County Council Grant		
			Houses	Inhab- itants			Author- ised	Period (Yrs.)	Loan	Main- tenance	Basis	Max- imum	Paid to 31 Dec. 51
Atcham R.	Pimhill ..	4/5/35	288	1,152	£ 16,300	£ 2,500	£ 14,820	30	£ —	£ —	50% annual deficit	£ 6,675	£ 3,039
	West Atcham ..	2/5/36	1,876	7,596	75,100	15,000	57,297	30	4,285	700	"	24,000	10,000
Bridgnorth R.	Stottesdon ..	6/11/37	28	100	2,660	250	3,100	30	153	50	Block Grant	250	250
	Kinlet ..	6/11/37	27	100	1,350	150		30	48	30	"	150	150
Clun R. ..	Bucknell ..	27/7/35	72	280	2,915	200	—	25	169	20	50% annual deficit	885	99
	Worthen and Brockton ..	1/5/37	88	350	4,500	400	4,100	30	—	—	"	1,245	581
Drayton R.	Kempton ..	1/2/36	31	110	2,200	250	1,650	30	—	—	Block Grant	300	300
	Woore ..	3/11/34	137	524	4,080	—	3,655	30	189	378	50% annual deficit	885	377
	Hodnet ..	4/5/35	118	400	3,887	450	425	25	—	—	Block Grant	900	900
	Ightfield ..	7/11/36	119	468	(Actual) 6,550	75	6,475	30	—	—	50% annual deficit	3,179	993
	Norton-in-Hales	24/7/37	67	200	1,970	—	1,505	30	106	127	"	1,656	475
Ludlow R. ...	Clee Hill ..	6/11/37	511	1,930	5,516	—	5,516	30	317	108	33½% annual deficit	1,837	676
	Weston Rhyn ..	2/2/35	—	—	900	150	750	30	58	—	Block Grant	150	150
Oswestry R.	Llanymynech ..	2/11/35	93	372	8,500	1,850	—	—	—	—	"	1,850	1,850
	Nantmawr ..	7/11/36	27	108	1,268	—	1,160	30	68	5	50% annual deficit	639	250
	Gronwen ..	7/11/36	10	40	437	—	373	30	23	2	"	225	48
	Llyncllys ..	7/11/36	24	96	783	—	746	30	14	5	"	415	130
	Selattyn (Ext'n)	7/11/36	1,186	4,744	1,748	—	1,748	30	92	277	"	2,032	677
Wellington R.	Edgmond ..	2/11/35	200	800	5,350	850	—	—	—	—	Block Grant	850	850
				£ 146,014								£48,123	£21,795

Rural Water Supplies and Sewerage Act, 1944

Water Supply Schemes—Grants paid or promised by the County Council

Rural District	Scheme	Approved	Scope of Scheme		Estimated Capital Cost	Exchequer Grant	County Council Grant		
			Properties	Inhabitants			Maximum	Period payable	Total Payments
Atcham ..	West Atcham and Pimhill	May, 47	2,209	11,444	£ 138,402	£ 58,000	£ 3,047	30 years	£ 1,403
Bridgnorth	Alveley	June, 50	38	Not known	4,130	600	49	30 years	49
	Claverley ..	May, 47	243	972	14,040	1,500	187	12 years	562
	Neen Savage ..	June, 50	84	356	8,330	2,800	181	30 years	181
Clun ..	Clungunford and Aston-on-Clun	Jan., 47	110	393	16,268	3,500	177	30 years	—
Ludlow ..	Little Isle and Studley	Sept., 50	27	81	2,641	550	40	30 years	—
	Craven Arms ..	Sept., 50	63	Not known	6,480	600	79	30 years	—
	Coreley ..	Sept., 50	19	Not known	4,260	650	58	30 years	—
	Clee Hill (Hill Top)	Dec., 50	16	Not known	1,500	650	35	30 years	—
	Little Stretton and Marshbrook	Mar., 51	23	62	3,350	950	60	30 years	—
					£199,401	£69,800			£2,195

Rural Water Supplies and Sewerage Act, 1944

Water Supply Schemes submitted up to the end of 1951, but in respect of which no decision was made in the matter of grant.

Authority	Scheme	Estimated Cost	Description of Scheme
Atcham R. ..	East and South-East Atcham	£ 151,000	For supplying seventeen parishes around Shrewsbury.
	Buildwas	2,740	For the extension of the Harrington water mains from Buildwas Power Station to Buildwas.
Bridgnorth R. ..	High Level Areas ..	340,000	For supplying the High Level Areas of the Bridgnorth and Ludlow Rural Districts.
	Low Level Areas ..	216,000	For the provision of piped water supplies from the Elan Aqueduct to twenty-one parishes in the Bridgnorth Rural District.
	Worfield	13,500	For the extension of the Wolverhampton Corporation's water mains to Worfield.
	Astley Abbots ..	7,600	For the extension of existing water supplies to the village of Astley Abbots.
	Highley and Alveley	33,000	For the extension of the Kinlet water supply to the villages of Highley and Alveley.
Clun R.	Clun Rural District ..	162,000	For supplying the greater part of the Clun Rural District.
	Lydham, More and Norbury	23,500	For the provision of piped supplies to the villages of Lydham, More and Norbury from local sources.
	Edgton	9,200	For the provision of a piped supply for Edgton village from a local source.
	Chirbury, Marton and Bentrant	41,250	For the provision of a piped supply for the parishes of Chirbury, Worthen, Shelve and Churchstoke.
Drayton R. ..	Drayton Rural District	185,000	For the development of existing supplies and the provision of new sources of supply.
	Hodnet, Ightfield and Moreton Saye	44,400	For the improvement and extension of existing piped supplies.
East Shropshire Water Board	Arleston	1,130	For the extension to Arleston House of an existing water supply at Arleston Hill.
	Aston	3,700	For the provision of a piped water supply from the Wrekin High Level reservoir to Aston.
	Chetwynd	18,350	For the provision of piped water supplies for the parish of Chetwynd.
	Homer and Wig-wig	4,500	For the extension of the existing water mains in Much Wenlock to the hamlets of Homer and Wig-wig.
	Gorsey Bank	6,125	For the extension of an existing water supply at Sheriffhales to the hamlets of Gorsey Bank and Cross Roads.
	Little Wenlock ..	6,750	For the improvement and extension of a piped water supply in the village of Little Wenlock.

Authority	Scheme	Estimated Cost	Description of Scheme
East Shropshire Water Board (continued)	Long Lane and Bratton	£ 5,044	For the extension of the Wellington Urban District's mains to the hamlets of Long Lane and Bratton.
	Madeley (Beech Road)	1,990	For the extension of an existing piped water supply at Madeley to the Beech Road housing sites.
	Sutton Maddock ..	1,810	For the extension to Sutton Maddock of an existing supply at Lay's Corner.
	Tibberton	11,600	For the extension of the Wellington Rural District's water mains from Kinnersley to Tibberton.
	Woodfield	16,800	For the provision of a new rising main between Woodfield pumping station and Admaston.
Ellesmere R. ..	Ellesmere Rural District	313,250	For the extension of existing supplies in the Oswestry Rural District to practically the whole of the Ellesmere Rural District.
Ludlow R. ..	Ludlow Rural District	168,700	For supplying practically the whole of the Ludlow Rural District.
	Bitterley	2,500	For the provision of a piped water supply for the village of Bitterley.
	Cleobury Mortimer (East Foreign Ward)	7,300	For supplying the East Foreign Ward with a piped water supply from the Elan Aqueduct.
	Rushbury	14,600	For the provision of a piped water supply for the parish of Rushbury from a local source.
	South-East Parishes ..	96,400	For the provision of a piped water supply from the Elan Aqueduct to fifteen parishes in the South-Eastern area of the Rural District.
Oswestry R. ..	Oswestry Rural District	383,108	For improving and extending existing supplies to the whole of the Rural District.
Wellington R. ..	Wellington Rural Parish and Dawley	13,750	For connecting the Shifnal Rural District's water mains to augment the supply to the Wellington Rural Parish and Dawley.
	High Ercall	4,000	For supplementing existing supplies at High Ercall by Air Ministry boreholes.
	Kinnersley	4,020	For the extension of water mains at Kinnersley.
Wem R.	Wem Rural District ..	294,000	For the provision of piped water supplies throughout the whole of the Rural District.
Wellington U. ..	Horton, Preston and Eyton-on-the-Weald Moors	5,000	For extending the Wellington Rural District's water mains from Lilleshall to the parishes of Preston and Eyton.
Whitchurch U. ..	Whitchurch Urban District	66,350	For the provision of a new source of supply to replace the existing supply in the Urban District.
	TOTAL ..	£2,679,967	

Public Health Act, 1936

Sewerage Schemes—Grants paid or promised by the County Council

District	Scheme	Approved by C.C.	Scope of Scheme		Estimated Cost	County Council Grant		
			Properties	Inhabitants		Basis	Amount promised	Paid
Bridgnorth M.B.	Bridgnorth ..	July, 48	2,000	7,000	£ 62,000	20 % of cost	£ 12,400	£ —
Dawley U. ..	Dawley ..	Nov., 49	1,800	6,800	76,650	30 % of cost	22,995	—
Newport U. ..	Newport ..	Nov., 49	1,246	5,000	41,000	15 % of cost	6,150	—
Wenlock B. ..	Broseley ..	Feb., 39	540	2,200	8,800	15 % of cost	1,320	1,320
Shifnal R. ..	Albrighton ..	Nov., 44	783	2,800	13,077	25 % of cost	3,269	3,269
Wellington R. ..	Ketley and Lawley	May, 36	796	650	31,975	25 % of cost	8,000	8,000
	Donnington and Muxton	Feb., 39	388	1,552	18,460	20 % of cost	3,692	3,692
	Donnington and Muxton (extension)	Oct., 39	—	—	*9,000	20 % of cost	1,400	1,400
	Ditto	May, 43	—	—	16,850	20 % of cost	3,370	3,370
					£277,812		£62,596	£21,051

*An amount of £2,000 was contributed by the War Department towards the cost of this scheme, thus reducing the capital cost to £7,000.

Rural Water Supplies and Sewerage Act, 1944

Sewerage Schemes submitted by District Councils up to the end of 1951, but in respect of which no decision was made in the matter of grant.

District	Scheme	Estimated Cost	Description of Scheme
		£	
Atcham R. ..	Bayston Hill	46,490	For the re-sewering of the village of Bayston Hill.
Clun R. ..	Aston-on-Clun	15,500	For providing sewage disposal facilities in an area as yet unsewered.
	Clun Village	18,800	For the extension and improvement of existing facilities.
Ludlow R. ..	Clee Hill	17,100	For the provision of sewerage and sewage disposal facilities in the village of Clee Hill and the hamlets of Titrail and Knowle.
	Ashford Carbonell ..	11,700	For the provision of sewage disposal facilities in an area as yet unsewered.
	Munslow	5,500	For the provision of sewage disposal facilities in an area as yet unsewered.
Oswestry R. ..	Weston Rhyn	32,776	For the improvement of existing facilities and the provision of new sewage disposal works in conjunction with Ceiriog Rural District Council.
	Morda	32,050	For the improvement of existing facilities.
Shifnal R. ..	Beckbury	8,320	For the provision of sewerage and sewage disposal facilities for the village of Beckbury.
	Shifnal	28,000	For the improvement of existing facilities and the construction of new sewage disposal works.
Wellington R. ..	High Ercall	10,070	For the improvement and extension of existing facilities and purchase of Air Ministry sewage disposal works.
	Hadley	47,550	For the extension and modernisation of the existing sewage disposal works.
	Edgmond	62,700	For the provision of sewerage and sewage disposal facilities for the village of Edgmond.
Church Stretton U.	All Stretton	18,950	For the extension and improvement of existing facilities and the provision of new sewage disposal works.
Wem R. ..	Prees	23,000	For the provision of sewerage and sewage disposal facilities for the district of Prees.
Wenlock B. ..	Madeley	19,365	For the provision of sewage disposal facilities in an area as yet unsewered.
	TOTAL ..	£397,871	

